



Toormina Community Preschool

50 Minorie Drive
P.O. Box 103
Toormina NSW 2452

Phone: 66 531 791
Fax: 66 583 112
Email: admin@toorminapreschool.com.au

Wait List Application

Please remove this page and keep for your reference before returning your application

Eligibility Requirements – fully funded positions:

Children are funded to attend 2 days [15 hours] of preschool per week by the NSW State Government if:

- The child is turning 4 or 5 by 31 July in year of enrolment. **Or**
- The child turns 3 years old prior to enrolment and
 - Is Aboriginal or Torres Strait Islander or
 - Family holds a low income Health Care Card or equivalent or
 - Child is a participant of the NDIS with an approved plan

3 year old children not eligible above will receive partial funding by Department of Education and may enrol as vacancies allow

Hours: 8am to 3.30pm

Current weekly fees for 2020:

These fees are subject to change. For more information please contact the preschool or see the attached Fee Policy or Fees and Charges Schedule

8am to 3.30pm	Daily fee	\$44 per week	(for 2 days attendance)
	Low Income	\$28 per week	(for 2 days attendance)

Maintenance Levy	\$200 per year	[\$50/term]
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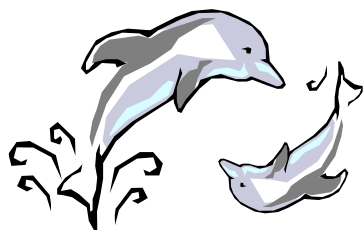
Documentation Required for Waitlist Acceptance

- Completed waitlist form
 - Birth Certificate (copy is acceptable)
 - Approved Immunization Statement from Australian Childhood Immunisation Register
- Please return this form and documents to preschool.**

The following information will be required if your child is accepted for enrolment. Your child will not be able to commence preschool until all these forms / documents have been provided:-

- Completed enrolment form
- Enrolment fee
- Proof of residence
- Details of any medical conditions including any Individual Medical Management Plan for your child signed by your Medical Practitioner
- Medicare Card details
- A copy of any Court Orders, Parenting Orders or Parenting Plans in relation to the child

Thankyou



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Office Use: Date Form Received...../...../..... Date Fee Paid...../...../.....

Wait List Application

Child's Surname:..... First Names.....

Birth date:/...../..... Sex M / F Phone Contact :.....

Address
.....

Year enrolment to commence?

What year do you expect your child to start primary school?

Attendance Days Requested: (Please circle 2) **Mon Tue Wed Thur Fri**

Are attendance days flexible? (Please circle) **Yes / No**

Note: Day choice will be offered depending on availability

Parent/Guardian (1)

Surname:..... First Names.....

Relationship to child.....

Occupation:.....

Home Phone: Mobile Phone :.....

Address

Parent/Guardian (2)

Surname:..... First Names.....

Relationship to child.....

Occupation:

Home Phone: Mobile Phone :.....

Address

How did you hear about Toormina Community Preschool / who referred you?

.....

Preferred Contact Email address:.....

Immunisation. Is your child fully immunised for their age?

Yes / No

If not your child can only be accepted on the waitlist/enrolled if you can provide an ACIR
History Statement for: Medical Contraindications; natural immunity; or Catch-up Schedule.

Are there any court orders relating to your child? **Yes / No**
If yes a copy of any current court order, parenting order or parenting plan in relation to your child or access to your child, child's residence or contact with a parent or other person must be provided before enrolment.

Are you or your child from a non-English speaking background? **Yes / No**

Do you or your child speak a language other than English?
If yes, what is the primary language spoken at home?

Will your child require additional support with language and communication at preschool? **Yes / No**

Are you or your child of Aboriginal or Torres Strait Island origin? **Yes / No**

Do you have a Low Income Health Care Card or Pensioner Concession Card? **Yes / No**
If yes, current card details and a photocopy of the card will be required on enrolment.

Is your child at risk of anaphylaxis or diagnosed with asthma, diabetes or another medical condition of which we will need to be aware? **Yes / No**

(If yes you will need to supply an action plan created in consultation with your doctor to display at the preschool)

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Does your child have any other medical conditions, allergies or special dietary requirements?

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.....

Does your child have a diagnosed disability or receive support from early intervention or another health professional for speech, occupational therapy etc?

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Does your child have an NDIS plan? **Yes / No** If yes Plan Number:.....
And, please provide the name and contact details for your plan manager:

.....
.....

Is your child currently attending another child care service? **Yes / No**

Please include or attach any further information you believe we may require or that may help us assess your child's application

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