



WAITLIST APPLICATION FORM

To be completed after your child has turned 2 years old

FAMILY NAME:		
FIRST NAME:		
PREFERRED NAME FOR CHILD: (if different from above)		
GENDER (please circle):	MALE	FEMALE
DATE OF BIRTH:		
Is your child of Australian Aboriginal or Torres Strait Islander descent? (please circle):		
YES		
NO		
FATHER'S FIRST NAME:		
MOTHER'S FIRST NAME:		
MOTHER'S SURNAME (if different from above):		
ADDRESS:		
POSTCODE:		
PHONE:	Home:	Daytime/Mobile:
EMAIL ADDRESS (please print clearly):		
DESIRED YEAR OF PRE-SCHOOL ENTRY: (child must turn 4 on/or before 31 st July the year they attend)		
YEAR YOUR CHILD WILL ATTEND SCHOOL:		

PLEASE RETURN THIS FORM WITH YOUR DOCUMENTATION TO:

The Enrolment Secretary, Pymble Turrumurra Pre-school
21 Handley Avenue, Turrumurra, NSW 2074
email - info@pymbleturrapreschool.org.au

WAITLIST APPLICATION FEE \$50.00 (includes GST)

**Please make payments by Direct Deposit to Pymble Turrumurra Pre-school
BSB 633-000 Account No. 1348-22931**

BANK REF NO: _____ DATE: _____

COPY OF BIRTH CERTIFICATE / PASSPORT IS ENCLOSED ☐

COPIES OF ADDITIONAL NEEDS DOCUMENTS IF REQUIRED ☐

Please attach a copy of your child's Birth Certificate to this application form.

THE FOLLOWING INFORMATION IS REQUIRED FOR PLANNING PURPOSES

Does your child have any special or additional needs (e.g. physical/cognitive, language delay, behavioural difficulties)? YES ☐ NO ☐

Has your child been assessed with these additional needs? YES ☐ NO ☐

If so, please specify by whom:

Date assessed:

Does your child speak English? YES ☐ NO ☐

Does your child understand English? YES ☐ NO ☐

What language does your child speak?

Does your child have any specific allergies? YES ☐ NO ☐

If so, please specify:

SIGNED BY PARENT/GUARDIAN:

DATE:

How did you hear about Pymble Turramurra Pre-school?

- ☐ Family/Friend
 ☐ Website
 ☐ Facebook
 ☐ Ku-ring-gai Council
☐ School
 ☐ Playgroup
 ☐ Brochure
 ☐ Pre-school Fete
☐ Previous association With the Pre-school
 ☐ North Shore Mums
☐ Other (please specify): _____

OFFICE USE ONLY

DATE RECEIVED: / /

TIME:

FEE RECEIVED by Direct Deposit:

SIGNATURE:

PROCESSED: / /

LETTER SENT: / /