



BALLINA RIVER STREET CHILDRENS CENTRE INC

Application for Preschool Waiting List

CHILD'S FULL NAME _____ GENDER Male Female

CHILD'S DATE OF BIRTH _____

ADDRESS _____ Postcode _____

PHONE _____ Email address _____

PARENT'S DETAILS

Parent One

FULL NAME.....

ADDRESS.....

.....Ph.....

OCCUPATION.....

WORK PLACE & ADDRESS.....

.....

WORK PHONE.....

Parent Two

FULL NAME.....

ADDRESS.....

.....Ph.....

OCCUPATION.....

WORK PLACE & ADDRESS.....

.....

WORK PHONE.....

Is your child from a ATSI (Aboriginal and/or Torres Strait Islander) background or LBOTE (Language background other than English)
ATSI Yes No LBOTE Yes No

Does your child have any health problems, medical conditions, developmental delays/disabilities, or challenging behaviours that may need particular support to ensure progressive development whilst at Preschool? Yes No If Yes, please provide some details:

Are there any other special details or circumstances you would like us to be aware of in relation to your child's Preschool Enrolment?

Is your child currently attending any type of Children's Service e.g. Playgroup, Long Day Care, Preschool, Occasional Child Care, Family Day Care, or any other type of care outside your home?

Current legislation requires that all children enrolling in preschool are fully immunised, and evidence, in the form of a Medicare Immunisation History Form, must be provided. Is your child fully immunised Yes No

Are you eligible for a Reduced Fee Rate?

The Department of Community Services provides some funding to our Centre to assist parents with Preschool Fees to ensure accessibility and affordability. Eligibility for this Assistance (by way of Fee Reduction) is dependent upon the completion of the "Affordability Assistance Application Form", presentation of Health Care/Pension Card, **and** PROOF of your family's COMBINED GROSS ANNUAL INCOME. If you hold a Low Income **Health Care Card** or **Pensioner Concession Card**, you are eligible to apply for the reduced fee rate. Please supply the Centre with these documents at the time of completing **this** form.

Will you be applying for a Reduced Fee Rate? Yes No

Class groups/days: Palms Room or Garden Room

Monday/Tuesday/Wednesday.....

Wednesday/Thursday/Friday.....

Monday/Tuesday.....

Thursday/Friday.....

Applicant's Name.....Signature.....

Relationship to Child.....Date.....



ABN 99 770 631 381
12 River Street
Ballina
PO Box 346
Ballina NSW 2478
Phone (02) 6686 4615
Fax (02) 6681 6035