



## BALAMARA PRESCHOOL: WAITING LIST APPLICATION

### CHILD DETAILS

Child's Name:	Is your child from Aboriginal or Torres Strait Islander descent? <b>Yes / No</b>
Child's Date of Birth:     /     /	Is your child from a non-English speaking background? <b>Yes / No</b> Please specify:
Gender:     Male <input type="checkbox"/> Female <input type="checkbox"/>	Does your child have any additional needs such as a physical disability, cognitive delay, behavioural difficulties? <b>Yes / No</b>
How many days per week required? (Circle)  1       2       3       4       5	Has your child been assessed for these additional needs?  <b>Yes / No</b>
Preferred Days (Tick): M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>	If your child has been assessed, please provide brief details.
Preferred Start Date:	

### CONTACT DETAILS

<b>Parent 1</b>	<b>Parent 2</b>
Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email:
Are you working/training/studying?	Are you working/training/studying?

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please Return Form along with \$35.00 application fee to Balamara Preschool **or** email to [info@balarapreschool.com](mailto:info@balarapreschool.com)

Payment can be made by cash or via direct deposit. If paying by direct deposit, please use your child's name in the reference field so your payment can be allocated:

Balamara Preschool  
BSB: 112-879  
A/C: 420-182-576

**Placements are allocated strictly according to the waiting list and DOCS priority access guidelines.**

#### Office Use

Copy of Birth Certificate or Passport enclosed ..... ☐

Application fee of \$35.00 enclosed ..... ☐

Date Received \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Received by \_\_\_\_\_ Signature \_\_\_\_\_



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Notes:

[illegible]