



Goulburn Pre-School Association Inc

A Community Based Service

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goulburnpreschoolac@bigpond.com

WAITING LIST APPLICATION

Child and Family Details

Child's Last Name: _____

Child's First Names: _____

Child's Residential Address: _____

Date of Birth: ____/____/____

Male

Female

Languages spoken at home: _____ Nationality: _____

Aboriginal or Torres Strait Islander descent?

Yes

No

Parent / Carer 1 FULL Name: _____

Home Telephone: _____ Work /Mobile: _____

Relationship to child: _____

Parent / Carer 2 FULL Name: _____

Home Telephone: _____ Work /Mobile: _____

Relationship to child: _____

Family Postal Address: _____

Contact email Address: _____

Do you have a low income Health Care Card?

Yes

No

Enrolment Preferences

Year to begin Pre-School: _____ Year to begin school: _____

Preferred School: _____

Please number sessions in order of preference from 1-4

2 day Program

3 day Program

Monday / Tuesday

Monday / Tuesday / Wednesday

Thursday / Friday

Wednesday / Thursday / Friday

I require Pre-School hours - 8am to 3:30pm

(Drop off between 8am and 9:15am – Pick up between 3pm and 3:30pm)

I require extended hours 3:30pm to 4.30pm (Additional fee applies)

Have you had any other children attend Goulburn Pre-School? Yes No

Details: _____

Has your child previously attended any other Pre-School, Playgroup or Child Care Service?

Details: _____

Has your child been referred to any other services? Yes No

Speech Therapy Occupational Therapy Early Intervention

Goulburn & District Children's Services Other

Details: _____

Does your child have any identified or diagnosed additional needs? Yes No

Do you have any concerns about your child's development that we can assist with?

Details: _____

Does your child have any additional health concerns we need to be aware of?

Asthma Allergies Anaphylaxis Other

Details: _____

Please note a current Action Plan from a Medical Practitioner for the above conditions will be required upon enrolment

Parent Signature: _____ Date: _____

Please note this is an Application for enrolment and does not guarantee your child will be offered a position at Goulburn Pre-School. It is the responsibility of families to ensure details provided are accurate and any changes are notified to the Pre-School.

Office Use Only

Membership Receipt: _____ Date Application Received: _____

Director's Notes:

**APPLICATION FOR MEMBERSHIP OF GOULBURN
PRE-SCHOOL ASSOCIATION INC.**
(Incorporated under the Association Incorporation Act 1984)

Parent's Name(s): _____
Of (Address): _____
Occupation(s): _____ And _____

HEREBY apply to become a member of the above named Incorporated Association. In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

Signature

Signature

Date

Date

Please note:

1. Membership is not transferable
2. Once approved, only the above signed is a member of Goulburn Pre-School Association Inc
3. Renewable each year