**To be completed after your child has turned 2 years old**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  | | --- | --- | --- | | 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 31st July the year they attend) | | | | YEAR YOUR CHILD WILL ATTEND SCHOOL: | | | |

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| --- | --- |
| **PLEASE RETURN THIS FORM WITH YOUR DOCUMENTATION TO:**  The Enrolment Secretary, Pymble Turramurra Pre-school  21 Handley Avenue, Turramurra, NSW 2074  email - info@pymbleturrapreschool.org.au | |
| **WAITLIST APPLICATION FEE $50.00 (includes GST)**  **Please make payments by Direct Deposit to Pymble Turramurra 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.**

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| |  | | --- | | **THE FOLLOWING INFORMATION IS REQUIRED FOR PLANNING PURPOSES** |  |  |  | | --- | --- | | Does your child have any special or additional needs YES ☐ NO ☐  (e.g. physical/cognitive, language delay, behavioural difficulties)? | | | 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: / / | | |