

**GRIFFITH EAST PRESCHOOL INC.  
WAITING LIST APPLICATION**

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EMAIL: [admin@griffitheast.com.au](mailto:admin@griffitheast.com.au)

**Child's details**

**Family Name:**

**First given name:**

**Second given name:**

**Preferred first name:**

**Gender:**      Male          Female

**Date of birth:**

**Residential Address:**

**Postal Address:**

**Aboriginality:** Is your child of Aboriginal or Torres Strait Islander Origin?      **Yes**          **No**

**Health Care Card or Pension Card:**      **Yes**          **No**

**Languages other than English spoken at home:** Does your child speak a language other than English?

No, English only                      Yes (what language)

**Does your child have any additional needs or areas of development the you are concerned about?**

(If yes, please provide a brief description, as in some circumstances the Preschool may be eligible to receive additional funding To help support your child):

**Family details**

**Parent/Carer 1**

**Relationship to child:**

**Family name:**

**Given name:**

**Phone:**

**Email:**

**Parent/Carer 2**

**Relationship to child:**

**Family name:**

**Given name:**

**Phone:**

**Email:**

**Priority of Access:**

Griffith East Preschool responds to the Start Strong Funding Guidelines priority of access:

- Children who are at least 4 years old on or before the 31<sup>st</sup> July in that preschool year and not enrolled or registered at a school
- Children who are at least 3 years old on or before 31st July and from low income or from Aboriginal families
- Children with English Language needs
- Children with disabilities
- Children who are at risk of significant harm (from a child protection perspective)

**There is no order of priority assigned to the list of points above.**

**Griffith East Preschool also respond to the Universal Access Partnership agreement and Start Strong Funding initiative to ensure Eligible Children receive 15 hours per week of early education in the year\* prior to school (\*for 3 year old equity children, for the two years prior to school)**

**Preferred Attendance: Please number your choices 1 to 3 (Adequate numbers will determine the formation of any group.)**

**One day groups (3year old's)**

Monday

Tuesday

Wednesday

Thursday

Friday

**Two day groups (4 & 5 year old's – must turn 4 by 31<sup>st</sup> July)**

Monday/Tuesday

Tuesday/Wednesday

Wednesday/Thursday

Thursday/Friday

**Three day groups (5 year old's)**

Monday/Tuesday/Wednesday

Wednesday/Thursday/Friday

**Comments:****Parent Signature****Date**