



Cardiff South Public School Preschool
Expression of Interest Application for
Preschool 2023

No: _____
Zone: _____
In / Out

- Preference** 1. **Kuwaluwain** - Monday, Tuesday and every 2nd Wednesday
2. **Muwani** - Alternate Wednesday, Thursday and Friday

(Please circle appropriate group)

Reason: _____

(N.B. While consideration will be given to preferences there is no guarantee of preferences being granted)

Family name: _____

Child's given name: _____

Child's preferred name: _____ **Sex:** Male/Female

Date of birth: _____

Is your child of Aboriginal and/or Torres Strait Islander origin? Yes / No

Is your child in an Out of Home Care placement? Yes / No

Home address: _____

Mother/Guardian's name: _____

Occupation: _____

Home phone: _____

Work phone: _____

Mobile phone: _____

Work details: Full time Part time - days worked _____

Email address: _____

Father/Guardian's name: _____

Occupation: _____

Home phone: _____

Work phone: _____

Mobile phone: _____

Work details: Full time Part time - days worked _____

Email address: _____

If you have any Court Orders in place (incl Out of Home Care placement) please provide copies of these and outline custodial arrangements below.

Only for non-Australian Citizens

If your child is not an Australian citizen, what is his/her residency status? _____

If your child is a permanent or temporary visa holder, please provide the following information:

- Current visa class: _____
- Current visa sub-class: _____
- Visa expiry date: _____

Languages Spoken at Home

Does your child speak a language other than English at home? **Yes / No**

If yes, what other languages does your child speak?

Main language: _____

Other languages: _____

NAMES OF OTHER CHILDREN RESIDING WITH YOUR CHILD

(If you need more space, please attach details of additional children to this form)

	GIVEN NAME	FAMILY NAME	DATE OF BIRTH	SEX	NAME OF SCHOOL or EARLY CHILDHOOD SERVICE (If applicable)
1					
2					
3					
4					
5					
6					

Child's additional learning and support needs:

Does your child have any additional needs? e.g. disability, significant difficulty in learning or behaviour, speech delays. If yes, please give details and attach any reports available.

If yes, please describe. _____

Have you any concerns regarding your child's

Speech / Language _____

Hearing _____

Sight _____

Physical Development _____

Other _____

What do you hope your child will gain from the preschool experience?

What specific interests does your child have (i.e. dinosaurs, art, cooking etc.)?

Does your child currently attend another early childhood service? Yes / No

If yes, name of service: _____

Will your child attend another early childhood service in addition to this Department of Education preschool? Yes / No

If yes, name of service: _____

Name of School your child will attend Kindergarten the following year:

Does your child have any allergies or medical conditions? eg Asthma, Anaphylaxis, Diabetes, Epilepsy etc? Yes / No

If yes, please describe. _____

Does your child have any special dietary needs? Yes / No

If yes, please describe _____

Has your child had any serious illnesses or hospitalisation? Yes / No

If yes, please give brief details. _____

Is your child toilet trained? _____

Does your child require assistance with toileting? _____

If so, what assistance is required? _____

Do you feel your child regularly needs a rest / sleep in the afternoon? Yes / No

If yes, for how long? _____

