



**Goulding Hill Pre-School Inc.**  
 ABN 34 335 224 655 CFN 13039

**2 Hancott Street**  
**Ryde NSW 2112**  
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 Web **www.gouldinghillpreschool.com.au**

# WAITING LIST APPLICATION

**PREFERRED ENROLMENT DAYS** Monday/Tuesday/Wednesday\* or Thursday/Friday\*

Year eligible to start Primary School? 20/	Has your child been immunised? YES OR NO	Main language spoken at home?
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Are you in receipt of any benefits? i.e. Pension or Australian Government Health Card?	YES or NO
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**CHILD'S DETAILS:**

Given Names:		Surname:	
Sex:	MALE or FEMALE	Date of Birth:	
Address:			
Details of any disability, asthma, allergy, special diet or any regular medication. Please attach any assesments/reports.			

**PARENT/GUARDIAN'S NAME - Mother/Father (please circle)**

Given Names:		Surname:	
Address:			
Occupation:		Mobile Number:	

**PARENT/GUARDIAN'S NAME - Mother/Father (please circle)**

Given Names:		Surname:	
Address:			
Occupation:		Mobile Number:	

Email address for correspondence:			
Signature of Parent/Guardian lodging application:		Date Application lodged:	

A fee of \$20 needs to be received with this completed Waiting List Application. This can be paid by:  
 Direct Transfer: Goulding Hill Preschool BSB 062 245 Account 2801 1720 with your child's name as a reference.  
 You can also pay by cash or cheque.

\* Please note, this is only a Waiting List Application and does not guarantee enrolment.