



# Preschool Form B (to accompany EOI)

Child's Name: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

Please provide information regarding other children in your family:

| Sibling's name | Date of birth | School |
|----------------|---------------|--------|
|                |               |        |
|                |               |        |
|                |               |        |

## ADDITIONAL SUPPORT NEEDS

Does your child have any additional needs that you would like to bring to the attention of the panel? **Yes / No**

Please provide details of for example: a diagnosed disability, a developmental delay, language or behaviour difficulties:

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Please list any community agencies that are currently supporting your family:

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Do you currently receive NDIS support? **Yes / No**

**PREVIOUS/CURRENT ACCESS OF CHILDCARE SERVICES**

Has your child ever attended a child care service such as preschool, long day care, family day care or occasional care? Yes / No

Does your child currently attend a child care service? Yes / No

Please list any childcare service that your child has attended or is currently attending:

| Name of Service | Period of Attendance | Phone contact |
|-----------------|----------------------|---------------|
|                 |                      |               |
|                 |                      |               |
|                 |                      |               |

Will your child attend any other child care service next year? Yes / No

Name of service \_\_\_\_\_

Which days will they attend? \_\_\_\_\_

**PREFERENCE FOR ROZELLE PUBLIC SCHOOL PRESCHOOL NEXT YEAR**

Please indicate below, which one of our programs you would prefer your child to attend or your order of preference:

Monday, Tuesday and every second Wednesday

Thursday, Friday and every second Wednesday

Please indicate, if you wish your child to only attend two days per week:

Monday and Tuesday only

Thursday and Friday only

I would be interested in taking up an additional Wednesday, if a position becomes available.

**DECLARATION OF ACCURACY AND SIGNATURE**

Should any of your circumstances change, please provide the current/updated information, as soon as possible, as this may impact your application or reverse the panel's decision.

I understand that the Rozelle Public School Placement Panel will make decisions based on Department of Education policies and governance.

I certify that the information given in this form is, to the best of my knowledge and belief, accurate and complete.

Signature of Parent/Carer: \_\_\_\_\_

Date: \_\_\_\_\_