

A non-refundable fee of \$30.00 is payable before your child's name can be put on the Waiting List. This fee may be paid online by direct deposit.

Bank details for online direct deposit are -

Account: Binnowee Kindergarten Co-operative Society BSB: 062 304 Account Number: 008 002 68

Child's Name	Female	e □ Male □
Child's date of Birth		
Address		
P/co	de	
Parents' Names		
Parent 1 Co	ontact No:	
Parent 2C	ontact No:	
Postal address (if different from above)		
Email (Parent1):		<del></del>
Email (Parent 2):		
Desired year of entry		
<ul><li>□ Preferred days of attendance: Mon/Tues/</li><li>□ Preferred days of attendance: Thurs/ Fri</li></ul>	Wed (this group is not open to	o three year olds)
Does your child have any additional needs (eg. physics $\square$ N	ysical/cognitive, language dela O □	y, behavioural challenges)
If "YES" please list any support services your child copies of documentation supporting this.	is attending e.g. speech patho	logists, OT, etc. and include
Is your child from a language background	other than English? YES□	NO 🗆
If yes, please specify		
Office Use: Receipt Number	Date Received	

Binnowee Kindergarten	6 New Line Road	West Pen	nant Hills NSW 2125	Phone 9484 3430	
• Does your child sp	oeak English	YES □	NO 🗆		
U	nderstand English	YES□	NO 🗆		
Has a child from t	he same immediate	e family att	ended Binnowee?	YES 🗆 NO 🗆	
If "YES" please pro	ovide name of child	/ren and y	ears attended		
Signature and notification	n of changes				
	responsibility for fa	iling to con	tact you or for matte	provided in the application. rs pertaining to the placement	
Signed by parent/carer					
X			Date		
Have you included with t	his form?				
□ Proof of internet paym	ent for \$30.00 Wait	tlist Fee to	Binnowee Kinderga	rten.	
☐ Copy of birth certificate receive this.	e or passport verify	ing date of	birth. Application w	vill not be processed until we	
□ Copies of additional ne	eds documentation	if require	d.		
We suggest that parents of the appointment.	wishing to tour the	preschool	bring completed pap	perwork with them at the time	
Please note that this is an ap			= -	ild a place. Your child's name will	
A confirmation letter will be	sent to you when the	e application	is complete and proce	ssed.	
A child must turn three prior attending.	to starting at Binnov	vee. A four y	ear old needs to turn fo	our by 31 July of the year	
Binnowee is guided by the p	riority groups as indic	ated by the	Department of Educati	on. Consideration is given to:	
	: least 4 years old on o I who is 3 years old o			year and not yet in compulsory	
<ul> <li>Children who are at least 3 years old on or before 31 July and from a disadvantaged background (i.e. from a family holding a Health Care card and/or is from an Aboriginal or Torres Strait Islander background)</li> </ul>					
<ul><li>Children with English</li></ul>	sh as a second langua	ge			
<ul><li>Children with disab</li></ul>	ilities				
Children who are at	risk of significant ha	rm (from a d	child protection perspec	ctive)	
Office Use: Receipt Numb	oer		Date Received		