



Cnr Birriley & Coomea Sts
P.O. Box 2382
Bomaderry NSW 2541
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Email: bcps@sras.nsw.edu.au

Waiting List Application

Date: ____ / ____ / ____

Child/rens Name: 1) Master/Miss _____
2) Master/Miss _____

Date of Birth: ____ / ____ / ____
Date of Birth: ____ / ____ / ____

Address: _____

Email: _____

Parent/Carer Information:

Parent/Carer 1: Dr Mr Mrs Ms Miss

Parent/Carer 2: Dr Mr Mrs Ms Miss

Name: _____

Name: _____

Home: _____

Home: _____

Work: _____

Work: _____

Mobile: _____

Mobile: _____

Additional Information Required: Please tick and add additional information if required

- Child with additional needs
- Child from a non-English speaking background
- Child from an Aboriginal or Torres Strait Islander Background
- Affordability assistance required – equity (*families must hold a current low income Family Health Care Card*)
- Full Fees 4yr olds on or before 31st July**
- Full Fees 3yr olds on or before 31st July**
- Equity Fees 3yr & 4yr old equity** (Low income family HCC)

Do you have any siblings at NAC? No Yes Year _____

Please select your preferred consecutive days (Mon & Tues) (Thurs & Fri) (Mon, Tues & Wed) or (Wed, Thurs & Fri) that would best suit your child and your family's needs.

Bomaderry Community Preschool
Wattle/Gumnut

Bomaderry Community Preschool
Banksia (NAC Campus)

Number of consecutive days requested:

Two Three

Days Required:

Mon Tues Wed Thurs Fri

Parent/Guardian Signature: _____

Office Use Only:

Contacted: ____ / ____ / ____

Comments: _____

Commencement Date: ____ / ____ / ____ Staff Signature: _____