



Preschool Enrolments 2025

Mundarra Preschool is a NSW Department of Education Preschool located within the school grounds of Batemans Bay Public School. We operate during school hours from 8.50am to 2.50pm, offering enrolment for 20 children each day. Mundarra Preschool supports families and children as they transition to school. We are an integral part of Batemans Bay Public School and community creating a safe, positive learning environment in which all children are valued, educated, and cared for.

Mundarra Preschool provides a quality early learning program for children in the year prior to starting Kindergarten. Our play-based program is guided by the principles and practices of Australian National Early Years Learning Framework, *Being, Belonging & Becoming*.

Who can enrol?

Any child who is:

- Starting school in 2026.
- Turning 4 before 1 August 2025.

How do I enrol my child?

Complete the Preschool Waiting List Application form and return it to the School or Preschool Office.

When will I know if my child gets a place?

Our Mundarra Enrolment Panel follows the Department of Education guidelines to prioritise children and families based on their needs.

- Applications open beginning of Term 2
- Mundarra Enrolment Panel will meet Term 3 Week 4
Offers will be made mid Term 3 Week 5
- Offers will need to be accepted within two weeks
- Any vacancies will be reoffered in Term 3 Week 10

How much does it cost?

Our fees are based on individual and community circumstances ranging from \$0.00 to \$10.00 per day.

Enquiries

If you require help filling out the Preschool Waiting List Application form or have any questions, please contact us by leaving a message with the school office. We will get back to you as soon as possible.

Elisha Rosevear- Preschool Teacher
Kylie Denman – Preschool Educator
Val Saunders - Aboriginal Education Officer
Trish Towers - Aboriginal Education Officer

Expression of interest to enrol in a NSW public preschool

Thank you for your interest in enrolling your child in a NSW public preschool. Children are eligible to enrol in preschool classes from the beginning of the school year if they turn 4 years of age on or before 31 July in that year.

Please complete all sections of the form. The information you provide will help the school principal implement the department's preschool enrolment procedure. The procedure outlines the order of priority for enrolment in a public preschool. If your child is offered a position, you will be required to complete an application to enrol in a public preschool and provide all required documentation.

A. Child's details

Child's name: _____

Gender: _____ Date of birth: _____

Home address: _____

Residency status

What is your child's residency status?

Australian citizen New Zealand citizen Norfolk Islander

Permanent resident Temporary visa holder

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

A child born in Australia is only automatically an Australian citizen if at least one parent was an Australian citizen or permanent resident when the child was born.

Aboriginality

Is your child of Aboriginal or Torres Strait Islander origin?

No Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander

Languages spoken at home

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

If yes, what language(s) other than English are spoken at home by your child?

Main language: _____

Other language(s): _____

Child's additional learning and support needs, including disability

Does your child require support for learning because of disability? Yes No

Legislation and NSW Department of Education policy recognise that adjustments may be required for children with special needs, including children with disability, so that they can participate at preschool. Preschool personnel and parents work together to identify the adjustments that may be needed to meet your child's learning and support needs.

Child's medical details and health conditions

Does your child have any allergies or medical conditions? Yes No

If yes, please identify and provide details below of any medical and health conditions for which your child is being treated:

B. Family details

Parent/carer's name: _____

Phone Home: _____ Work: _____ Mobile: _____

Email: _____

Do you intend to, or have you already, expressed interest in enrolling at another public preschool?

Yes No

Preference for days: [Early in the week](#)

[Later in the week \(Circle one\)](#)

Information relating to assessment for priority placement

This information is being collected to assess if the family meets the criteria for priority placement on the basis of financial disadvantage.

Do you have a Low Income Health Care Card?

Yes No

Declaration of accuracy and signature

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. I am aware that if information I have given is false or misleading, any decision made as a result of this application may be changed.

Signature of parent/carer: _____ Date: _____

The personal information provided on this expression of interest form is being obtained for the purposes of assessing eligibility for enrolment in the preschool class. It will be used by the Department of Education for general student administration and communication purposes and other matters relating to the education and welfare of the child. Whilst the provision of this information is voluntary, if you do not provide all or any of this information it may delay or prevent the process of an application for enrolment. This information will be stored securely. You may access or correct any personal information provided by contacting the school.

Office use only

Date received: _____



Additional Information

Has your child accessed an Occupational Therapist, Speech Therapist or Physiotherapist?

Yes No

If yes, please describe:

Is your child currently attending another childcare service? Yes No

If yes, name of service:

Next year, will your child attend another childcare service in addition to this preschool? Yes No

If yes, name of service:

Name of school your child will attend in Kindergarten in 2026:

Names of other children residing with your child (attach details of additional children to this form)

| | Given names | Family name | Date of birth | Gender | Name of school (if applicable) |
|---|----------------------|----------------------|----------------------|----------------------|--------------------------------|
| 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Preference of days: Early in the week Later in the week