



Waiting List Application For Kindergarten



PLEASE COMPLETE AND RETURN TO KINDERGARTEN SERVICE TOGETHER WITH A NON-REFUNDABLE FEE OF\$30 (INCL GST) PER APPLICATION

Date Application:.....

CHILDS INFORMATION *(Please Print)*

CHILD'S NAME:..... **M/F** *(Please circle)*
(Surname) *(Christian Names)*

Date of Birth:.....

Address:.....

Kindergarten Year of Attendance: *(Child turns 4 by June 30.....)*

Further information, if required is available from the service.

Preferred Program Attendance: *(please circle)*

GROUP 1 MON TUES WED ALT GROUP 2 WED ALT THURS FRI

PARENT INFORMATION

Parent/Guardian 1:.....

Address:.....Postcode:.....

Telephone: (Home).....(Work).....(Mobile).....

Email:.....

Parent/Guardian 2:.....

Address:.....Postcode:.....

Telephone: (Home).....(Work).....(Mobile).....

Email:.....

During their Kindergarten year will your child also attend another early childhood program? (please circle) Yes/No

If your child gains a placement in our Kindergarten program, will you acknowledge this as your only access to a minimum of 15 hours of an Approved Kindergarten Program? Yes/No

Name of other program *(if answered No)*.....

(Priority of offer of placement may be given to those families who acknowledge this service as their provider of an Approved Kindergarten Program for 15hrs due to funding eligibility. Please refer to Access and Admissions policy)

Are you aware of any additional support that your child may require during his/her enrolment at this centre?
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Which school do you intend to send your child to for Prep?
.....

How did you hear about our kindy? *(please circle)* A friend Website Kids Magazine Facebook Other.....

Parent/Guardian Signature.....Date:.....

Bank Transfer Details Received: Yes/NO

OFFICE USE ONLY

Amount Received:.....Date Received:.....Signed:.....