

# WAITING LIST APPLICATION FOR KINDERGARTEN

## Kindergarten

PLEASE COMPLETE AND RETURN TO KINDERGARTEN SERVICE TOGETHER WITH A NON-REFUNDABLE FEE (To be advised on application)

Date of Application:.....

### CHILD 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 Weds Alt **GROUP 2** Weds Alt Thurs Fri

(Fee information relative to program delivery is available on our website or at our service).

### 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  
Kindergarten Child Care Centre Family Day Care Other

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).

Parents Signature ..... Date .....

Payment Enclosed  Cash  Cheque  Other..... Amount:.....

### OFFICE USE ONLY

Date Received: ..... Receipt No: ..... Receipt Posted: .....