



Waiting List Application for Kindergarten

PLEASE COMPLETE AND RETURN TO KINDERGARTEN SERVICE

\$20 (Inc GST) PER APPLICATION – No CASH – EFT ONLY

Date of application: _____

CHILD INFORMATION (Please print)

CHILD'S NAME: _____ Male/Female
Surname Christian Names

D.O.B. _____

Address: _____

Postal Address: _____

Kindergarten Year of Attendance _____ (Your child must be 4 years of age by June 30)

Further information if required is available from the service. Fee information relative to program delivery is available on our website also.

PARENT INFORMATION:

Parent/Guardian 1: _____

Address: _____ Post Code: _____

Telephone: Home _____ Work _____ Mobile _____

Email: _____

Parent/Guardian 2: _____

Address: _____ Post Code: _____

Telephone: Home _____ Work _____ Mobile _____

Email: _____

Does your child have any additional needs? _____

Please provide details of anything you think your child may require extra support with e.g. Diet, Sleep, Toileting, Behaviour, Play, Fears, Language: _____

Any other relevant information: _____

Please turn over page to complete....



MEMORIAL PARK COMMUNITY KINDERGARTEN ASSN Inc.

Affiliated with Lady Gowrie Community Kindergartens.

"Educating and caring for children since 1940"



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 Made: EFT **Amount: \$20.00**

Bank Details: Memorial Park Community Kindergarten Assn Inc

Bank: Westpac BSB: 034-198 AC: 544-243

(Use Child's name as reference)

***We begin our enrolment process in term 3 the year prior to your child's attendance, you will receive written correspondence from us at this time.**

***If you change your address at any time, please contact the centre.**

***Please 'like' us on facebook to see up to date information about our centre
www.facebook.com/memparkmaroochy**

Office Use Only

Date Received: _____ Receipt No: _____