

WAITING LIST APPLICATION

Please read before completing this form:

1. Lodgement of this form does not guarantee your child a place at this centre.
2. This form is a waiting list application only. If your child is offered a place, you will be asked to complete an enrolment booklet to formalise the enrolment for your child.
3. Please submit a separate form for each child.
4. Please write using **BLOCK LETTERS**.
5. Once completed, you can submit this form in person, by email or mail directly to the service. Contact details for the service are on the top of this form.
6. A range of information is gathered for legislative and statistical purposes. Please complete all sections of this form to help us process your application as soon as possible.
7. Please indicate whether this form is a new application or an amendment to an existing application by ticking the applicable box below.

New application

Amendment to an existing application

Child's Details:

First name: _____ Surname: _____

Date of Birth: _____ Gender: Male Female

Home address: _____

Suburb: _____ State: _____ Post Code: _____

Do you or your child identify as: Aboriginal Torres Strait Island Aboriginal and Torres Strait Island

Does your child have any additional needs? (allergic condition, asthma, speech or language delay, autistic spectrum disorder) Information you provide here will assist us to facilitate a smooth transition into kindergarten for your child. _____

Year of commencement – please tick the relevant year according to your child's date of birth

- 2019** (child born 1 July 2014 – 30 June 2015) **2022** (child born 1 July 2017 – 30 June 2018)
 2020 (child born 1 July 2015 – 30 June 2016) **2023** (child born 1 July 2018 – 30 June 2019)
 2021 (child born 1 July 2016 – 30 June 2017) **2024** (child born 1 July 2019 – 30 June 2020)

Preferred Group:

Group A (Mon/Tues/alternate Wed)

Group B (Thurs/Fri/alternate Wed)



Parent/Guardian 1

First name: _____ Surname: _____

Relationship to child: _____

Home phone: _____ Work phone: _____

Mobile phone: _____ Email: _____

Parent/Guardian 2

First name: _____ Surname: _____

Relationship to child: _____

Home phone: _____ Work phone: _____

Mobile phone: _____ Email: _____

How did you find out about our centre?

Word of mouth	<input type="checkbox"/>	Flyer/brochure	<input type="checkbox"/>
Existing C&K Kindergarten	<input type="checkbox"/>	Passed by our centre	<input type="checkbox"/>
Yellow pages	<input type="checkbox"/>	C&K website	<input type="checkbox"/>
Internet search	<input type="checkbox"/>	Other (please specify) _____	<input type="checkbox"/>

Waitlist application agreement

- I have provided correct information and agree to notify the kindergarten if our circumstances change.
- I understand that C&K Banyo regards this information as confidential and has policies in place to ensure the protection of this information.
- I am the legal guardian of the child and have authority to provide information contained in this form.
- I acknowledge that by completing this waiting list application it does not confirm a placement at the kindergarten.

Parent / guardian signature: _____ Date: _____

What now?

Once your application is received, the kindergarten may contact you to discuss your application which may include a request for further information and /or clarification. For further information regarding your application and/or the enrolment process, please contact the service director.

OFFICE USE ONLY

Received by: _____ Date received: _____

Number on waiting list: _____