

**Beerwah & District Kindergarten Assoc Inc**  
**9 Free Street**  
**BEERWAH QLD 4519**

**Ph: (07) 5494 6346**  
**Email: info@beerwahkindy.com.au**



## **WAITING LIST APPLICATION FOR KINDERGARTEN**

I wish to apply to have my child's name included on the enrolment list for Beerwah and District Kindergarten, and enclose the non-refundable fee of \$10.00 per application. The fee can be paid as cash to the Kindy or paid by Direct Deposit:-

Bank: ANZ Name: Beerwah & District Kindergarten BSB: 014 507 Acc No: 305 420 647 Ref: Child's Full Name

I understand that this does not automatically entitle my child to a place, but will depend on vacancies at the appropriate time. I also understand that it is my responsibility to inform the Director of any changes to the addresses or phone numbers listed below.

### **CHILD INFORMATION**

**Child's Name** \_\_\_\_\_ **M / F** (Please circle)  
(Surname) (Christian Names)

**Date of Birth** \_\_\_\_\_ **Kindergarten Start Year** (Child turns 4 by June 30<sup>th</sup>) \_\_\_\_\_

**Address** \_\_\_\_\_

**Preferred Kindy Group \***  Mon, Tues, Alt Wed  Alt Wed, Thurs, Fri

\* Teachers endeavor to create a balanced group dynamic within each group. Group choice is a preference and not guaranteed in the year of enrolment.

### **PARENT INFORMATION**

**Parent/Guardian 1** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_ **(Mobile)** \_\_\_\_\_

**Email** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Parent/Guardian 2** \_\_\_\_\_

**Address** \_\_\_\_\_

**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? (please circle) **YES / NO**

If no, name of other program: \_\_\_\_\_

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

Has your child been diagnosed with additional needs, or do you have an ongoing relationship with a specialist? **YES / NO**

If yes, details: \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>Office Use Only</b>
<b>Date Received</b> _____ <b>Receipt No</b> _____ <b>Processed By</b> _____