



Bayview Heights Community Kindergarten Association Inc

6 – 8 Jasper Street, BAYVIEW HEIGHTS QLD 4868
Phone: 4054 2480

e: admin@bayviewheightskindy.com.au

w: www.bayviewheightskindy.com.au



WAITING LIST APPLICATION FORM

Please read before completing this form

1. A waiting list fee of \$10.00 is to be paid at the time of listing and is non-refundable. (See Page 2 for payment options).
2. Lodgement of this form does not guarantee your child will be offered a place. If your child is offered a place, we will ask you to complete an enrolment booklet to formalise the enrolment for your child.
3. Enrolments are taken strictly from the Waiting List Register in date order of when the Application Form is returned with payment of the fee. We do not have a sibling policy.
4. Our first priority is to place children turning 4 years before the 30 June of the year before they attend Prep. Refer to the table on page 2 for your child's year of attendance.
5. The information you provide to these questions will be treated in accordance with the C&K confidentiality and privacy policy.
6. Please submit a separate form for each child.
7. Please advise the Kindergarten should any of your contact details change.

Child's details

First name: _____ Last name: _____

Date of birth: _____ Gender: Male / Female

Home address: _____

Suburb: _____ State: _____ Postcode: _____

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

- | | |
|---|---|
| <input type="checkbox"/> 2019 (born 1 July 2014 – 30 June 2015) | <input type="checkbox"/> 2022 (born 1 July 2017 – 30 June 2018) |
| <input type="checkbox"/> 2020 (born 1 July 2015 – 30 June 2016) | <input type="checkbox"/> 2023 (born 1 July 2018 – 30 June 2019) |
| <input type="checkbox"/> 2021 (born 1 July 2016 – 30 June 2017) | <input type="checkbox"/> 2024 (born 1 July 2019 – 30 June 2020) |

Session Preference **Group A – 2 Long Days** (Monday, Tuesday)

Group B – 5 Day Fortnight (Alt Wed, Thurs, Fri)

Either

Parent / guardian

Parent/guardian name/s: _____

Mobile Phone: _____

Email address: _____

Do you or your child identify as:

- Aboriginal
- Torres Strait Islander
- Not Indigenous
- Aboriginal and Torres Strait Islander
- South Sea Islander
- Decline to Answer

Does your child have an additional need or medical condition? Yes No

If YES, please provide details below. This information will be used to support your child if an enrolment offer is made.

Waitlist application agreement

- I have provided correct information and agree to notify the Kindergarten if my circumstances change.
- I understand that the information I have provided will be used for the purposes of being considered for a place in this service.
- I understand that the Kindergarten regards my information as confidential and has policies in place to ensure the protection of this information.
- I understand that this data may be used for statistical purposes.
- 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 this service.

Signed: _____ Dated: _____

Payment methods:

1. Cash – correct amount please as no change is available
2. Internet Banking –

Account Name: Bayview Heights Community Kindergarten
 BSB: 034-193
 Account: 263418

*Include your Child's name as Reference of Payment

Where children come first

Office Use:	
Date Rec'd:	Receipt No.
Registration No.:	Group: A / B
Correspondence Sent:	
Date Accepted:	Receipt No.