



# Bayview Heights Community Kindergarten Association Inc

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Phone: 4054 2480

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## WAITING LIST APPLICATION FORM

### Please read before completing this application

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 application does not guarantee your child will be offered a place.
3. This form is a waiting list application only. This form If your child is offered a place, we will ask you to complete an enrolment form to formalise the enrolment for your child.
4. 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.
5. 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 for your child's year of commencement.
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 submit a separate application for each child.
8. Please advise the kindergarten should any of your contact details change.

### Your child's details

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender:  Male  Female  Non-Binary/Unspecified

Home address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

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

- |                                                                 |                                                                 |
|-----------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> 2022 (born 1 July 2017 – 30 June 2018) | <input type="checkbox"/> 2025 (born 1 July 2020 – 30 June 2021) |
| <input type="checkbox"/> 2023 (born 1 July 2018 – 30 June 2019) | <input type="checkbox"/> 2026 (born 1 July 2021 – 30 June 2022) |
| <input type="checkbox"/> 2024 (born 1 July 2019 – 30 June 2020) | <input type="checkbox"/> 2027 (born 1 July 2022 – 30 June 2023) |

Session Preference  **Group A – 2 Long Days** (Monday, Tuesday)  **Group B – 5 Day Fortnight** (Alt Wed, Thurs, Fri)  **Either**

### Parent/Guardian details

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Phone (mobile preferred): \_\_\_\_\_

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 conditions?**  Yes  No

If YES, please provide details below. This information helps us plan a positive and supportive transition for your child into our centre if offered a place.

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**Terms and conditions**

- 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 centre.
- **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 centre.
- I acknowledge that I have read and understand the information above.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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. ....