



Bayview Heights Community Kindergarten Association Inc

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WAIT LIST APPLICATION FORM

Please read before completing this application

1. Lodgement of this application 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 form to formalise your child's enrolment.
2. Enrolments are taken strictly from the Wait List Register in date order of when the application form is returned. We do not have a sibling policy.
3. Please submit a separate application for each child.
4. Our priority is to place children turning 4 years of age by 30 June in the year they attend. Refer to the table below for your child's year of commencement.
5. 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.
6. 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"/> 2024 (born 1 July 2019 – 30 June 2020) | <input type="checkbox"/> 2027 (born 1 July 2022 – 30 June 2023) |
| <input type="checkbox"/> 2025 (born 1 July 2020 – 30 June 2021) | <input type="checkbox"/> 2028 (born 1 July 2023 – 30 June 2024) |
| <input type="checkbox"/> 2026 (born 1 July 2021 – 30 June 2022) | <input type="checkbox"/> 2029 (born 1 July 2024 – 30 June 2025) |

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: _____

Relationship to child: _____

Phone (mobile preferred): _____

Email address: _____

Do you or your child identify as:

- | | |
|---|--|
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Aboriginal and Torres Strait Islander |
| <input type="checkbox"/> Torres Strait Islander | <input type="checkbox"/> South Sea Islander |
| <input type="checkbox"/> Not Indigenous | <input type="checkbox"/> Decline to Answer |

Please let us know if your child has any additional need or medical conditions

This information helps us plan a positive and supportive transition for your child into our centre if offered a place.

Is there anything else you would like to let us know?

We will ask you about your child's sleep, routines, food preferences and your cultural traditions closer to your start date if your child is offered a place.

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 wait list application it does not confirm a placement at this centre.
- I acknowledge that I have read and understand the information above.

Signature: _____ **Date:** _____

Office Use

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