



# Bayview Heights Community Kindergarten Association Inc

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

e: [admin@bayviewheightskindy.com.au](mailto:admin@bayviewheightskindy.com.au)

w: [www.bayviewheightskindy.com.au](http://www.bayviewheightskindy.com.au)



## WAIT LIST APPLICATION FORM

### Please read before completing this form

1. A wait 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. This form is a wait list application only.
3. This form is a wait list application only. 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. The information you provide to these questions will be treated in accordance with the C&K confidentiality and privacy policy.
7. Please submit a separate form for each child.
8. Please advise the Kindergarten should any of your contact details change.

### Child

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

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

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

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

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

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

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.

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**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 wait list application it does not confirm a placement at this service.

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

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