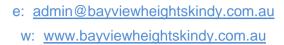


Bayview Heights Community Kindergarten Association Inc

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





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			
2021 (born 1 Ju	uly 2016 – 30 June 2017) 2024 (born 1 July 2019 – 30 June 2020)		
2022 (born 1 Ju	uly 2017 – 30 June 2018) 2025 (born 1 July 2020 – 30 June 2021)		
2023 (born 1 Ju	uly 2018 – 30 June 2019) 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 y	ou or your child identify as:	
	Aboriginal	Aboriginal and Torres Strait Islander
	Torres Strait Islander	South Sea Islander
	Not Indigenous	Decline to Answer
If YE	s your child have an additional need ease provide details below. This in large of the state of t	or medical condition?
•	I understand that the information I have prov place in this service. I understand that the Kindergarten regards i ensure the protection of this information. I understand that this data may be used for I am the legal guardian of the child and have	ee to notify the Kindergarten if my circumstances change. vided will be used for the purposes of being considered for a my information as confidential and has policies in place to statistical purposes. e authority to provide information contained in this form. ist application it does not confirm a placement at this service.
	enturo:	Datad
Sigi	lature.	Dated.
1	BSB: 034-193 Account: 263418	change is available w Heights Community Kindergarten me as Reference of Payment
		Office Use: Date Rec'd: Receipt No. Registration No.: Group: A / B

Where children come first