

Enrolment Year \_\_\_\_\_

Waitlist Placement \_\_\_\_\_

## Burpengary Community Kindergarten Waitlist Application

1. This wait list application form is for C&K Burpengary Community Kindergarten use only
2. This form is a wait list application only. Lodgement of this form does not guarantee your child will be offered a place.
3. Please submit a separate form for each child.
4. Please write BLOCK LETTERS.
5. Once completed, you need to submit this form by visiting our service in person and meeting with one of our staff. They will provide further information about our service and accept your application, once the wait list fee is paid.
6. A \$10 wait list fee is payable prior to submitting your application via bank transfer or at the time of submitting your application in cash (no eftpos facilities at the service).  
Details for Bank Transfer are BSB: 034114 Account: 127611 (use child's name as reference)
7. A range of information is gathered for legislative and statistical purposes. Please complete all sections of this form to help us process your application.

Child 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

2024 (born 1 July 2019 – 30 June 2020)

2025 (born 1 July 2020 – 30 June 2021)

2026 (born 1 July 2021 – 30 June 2022)

2027 (born 1 July 2022 – 30 June 2023)

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

Relationship to child: \_\_\_\_\_ Contact number \_\_\_\_\_

Email address: \_\_\_\_\_

Does your child have an additional need (eg. language, physical, behavioural)? ♦ YES ♦ NO

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

\_\_\_\_\_

Does your child have a 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 C&K if my circumstances change. I understand that the information I have provided will be used for the purposes of being considered for a place at this service. I understand that C&K regards my information as confidential and has policies in place to ensure the protection of this information. I acknowledge that by completing this wait list application it does not confirm a placement at a C&K service.

Parent / guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office use only

Date received: \_\_\_\_\_

Received by: \_\_\_\_\_

Wait list fee paid Bank Transfer / Cash (please circle) Receipt No: \_\_\_\_\_