



APPLICATION FOR ENTRY ONTO WAITING LIST

Date:/...../.....

Child's Name _____ Gender _____

Child's Date of Birth _____

Current Address _____

Telephone Number/s _____

Email Address _____

Parent/Guardian 1 _____

Parent/Guardian 2 _____

Signature of Parents/Guardians _____

Do you identify your child as Aboriginal, Torres Strait Islander or Australian South Sea Islander descent?
No Yes, Aboriginal Yes, Torres Strait Islander Yes, South Sea Islander

Do you hold a Health Care Card (naming the enrolled child) / Pensioner Concession Card / Department of Veteran's Affairs Gold or White Card – Yes / No Number _____ Exp Date _____

Is there any further information you wish to advise us so that we can assist your child.

How did you hear about our kindy?

Please advise the centre if your contact details change at any time from the above details to ensure our waiting list is kept up to date.

Entry onto the waiting list cannot be finalised until the APPLICATION is returned to Ipswich Kindergarten with the prescribed ENROLMENT FEE of \$11.00 (per child). This enrolment fee is NON-REFUNDABLE. Please do not send any cash by mail.

Office use only

Date of entry onto waiting list _____

Receipt number for registration fee and date sent _____