

Carina Kindergarten and Pre-School Association Inc

KINDY WAITING LIST APPLICATION FORM

(This is the year prior to the child's entry to Prep at Primary School)

Carina Kindy



\$10 Waiting List Fee (non-refundable) applies on lodgement of this form. Payment can be made by Cash, Cheque or Direct Debit to Carina Kindergarten BSB -124 001 Account - 204 600 03 Ref - Child's Surname name, kindy year of attendance (Smith2020)

This application will be added to the Kindy Waiting List from the date of receipt of both form and \$10 fee.

Please specify all of the following details, only enter one child per form.

CHILD'S FIRST NAME	CHILD'S SURNAME
DATE OF BIRTH	CHILD'S GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PARENT/GUARDIAN 1	PARENT 1 - WORK / MOBILE
PARENT/GUARDIAN 2	PARENT 2 - WORK / MOBILE
EMAIL	HOME PHONE
HOME ADDRESS	POSTCODE

NAME OF OTHER CONTACT PERSON	
RELATIONSHIP TO CHILD	PHONE

DOES THE CHILD NAMED ABOVE HAVE ANY DISABILITIES / SPECIAL NEEDS?	YES / NO
IF YES PLEASE PROVIDE DETAILS:	

YEAR OF COMMENCEMENT	
<input type="checkbox"/> 2019 (child born 1 July 2014 - 30 June 2015)	<input type="checkbox"/> 2020 (child born 1 July 2015 - 30 June 2016)
<input type="checkbox"/> 2021 (child born 1 July 2016 - 30 June 2017)	<input type="checkbox"/> 2022 (child born 1 July 2017 - 30 June 2018)
<input type="checkbox"/> 2023 (child born 1 July 2018 - 30 June 2019)	<input type="checkbox"/> 2024 (child born 1 July 2019 - 30 June 2020)
PREFERRED GROUP (PLEASE TICK)	
<input type="checkbox"/> Group A - Extended hours Monday and Tuesday 8 am – 3.30 pm	
<input type="checkbox"/> Group B - Thursday, Friday and alternate Wednesday 8.25 am – 2.30 pm	
(Preferred Group is just a preference. Actual groups selections will be discussed once you are contacted about a place)	

I / We _____ (Parent/s name/s) wish my child to attend the Carina Kindergarten. I / We acknowledge that this application does not guarantee my child's entry to the Kindy Year, it only secures a place on the waiting list. I / We will advise the centre of any changes to the details above.

Parent/Guardian Signature/s 1. _____ 2. _____

Office Use Only

DATE RECEIVED	
RECEIPT NUMBER	
YEAR OF PROPOSED ENTRY	WAITING LIST NUMBER

Notification of positions for your child's year will commence in July prior to entry year.