



· Let the children play ·

Waiting List

CHILD'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

PARENT'S NAME: _____ CONTACT PHONE: _____

EMAIL ADDRESS: _____

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

- | | |
|-----------------------------------------------------------------|-----------------------------------------------------------------|
| <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) |
| <input type="checkbox"/> 2024 (born 1 July 2019 – 30 June 2020) | <input type="checkbox"/> 2027 (born 1 July 2022 – 30 June 2023) |

The information you provide in this section will assist us in providing the highest quality of education and care and facilitating a smooth transition for your child and family into kindergarten. If for any reason your child may need special assistance, please notify us asap so that we can plan for facilities or apply for funding to best meet the needs of your child.

Is your child undergoing assessment for any of the conditions listed below? Yes No

Has your child been diagnosed with any of the conditions listed below? Yes No

If "yes" to either of the above questions please indicate by ticking the relevant condition and attaching any further details:

- | | |
|-----------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Speech / language delays | <input type="checkbox"/> Attention Deficit Disorder (ADD/ADHD) |
| <input type="checkbox"/> Allergies (please specify) _____ | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Diabetes | |
| <input type="checkbox"/> Other (please specify) _____ | |

SIGNED: _____ **DATE SIGNED:** _____

Children's names are placed on the Waiting List at our Centre upon receipt of completed Waiting List Form and payment of the \$20.00 Waiting List fee (non refundable). Payment can be made by cash, cheque or Internet Transfer.

Bank Account Details:
Strathpine Kindergarten
BSB: 034 077 Account No: 87 1555
Please put your surname in Description area.

EFTPOS FACILITIES AVAILABLE IN THE OFFICE

OFFICE USE ONLY:

Receipt No:	Date Received:	Signed:	Year Child to Attend:
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PLEASE CONTACT US IF THE ABOVE INFORMATION CHANGES.