



**STRATHPINE COMMUNITY  
KINDERGARTEN ASSOCIATION INC**  
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STRATHPINE QLD 4500  
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[www.strathpinekindy.com](http://www.strathpinekindy.com)  
[www.candk.asn.au](http://www.candk.asn.au)

## Application for Waiting List

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ ATTENDANCE YEAR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
POSTCODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

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.

**OFFICE USE ONLY:**

Receipt No:	Date Received:	Signed:	Year Child to Attend:

*Where children come first*

Patron

His Excellency the Honourable Paul de Jersey AC  
Governor of Queensland