**Form SO:**

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**indergarten wait list**

**application**

Policy

–

Enrolment

Area

–

Service Operations



This waiting list form is for **C&K Affiliate** **Kindergarten services only**.

**Kindergarten name**: Malanda Community Kindergarten

**Please read before completing this form**

1. Lodgement of this form does not guarantee your child will be offered a place.
2. This form is a wait list application only. If your child is offered a place, we will ask you to complete an enrolment booklet to formalise the enrolment for your child.
3. Please submit a separate form for each child.
4. Please write in BLOCK LETTERS.
5. Once completed, please submit directly to the service.

Malanda Community Kindergarten

PO Box 435, 41 Ann Street

Malanda Qld 4885

Phone: 4096 5903

Email: [malanda.kindy@gmail.com](mailto:malanda.kindy@gmail.com)

1. A range of information is gathered for legislative and statistical purposes. Please complete all sections of this form to help us process your application as soon as possible.
2. Please indicate whether this form is a new application or an amendment to an existing application by ticking the applicable box below.

**New application**  **Amendment to an existing application** 

**Child’s details**

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

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male □ Female □ Child’s CRN\* (if known):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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)

**Group Preference –** please tick preferred group

 Red Group - Monday and Tuesday - Current Operating Times - 8:15am to 3:45pm

 Yellow Group – Wednesday, Thursday & Alternate Friday’s – Current Operating Times – 8.40am to 3:00pm

**Parent / guardian**

First name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Last name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent’s gender:Male  Female 

Relationship to child: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Parents CRN\* (if known): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Contact phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Email address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you or your child identify as:**

* Aboriginal Aboriginal and Torres Strait Islander
* Torres Strait Islander  South Sea Islander
* Not Indigenous  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your child have an additional need or 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.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**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 in a C&K service.
* I understand that C&K regards my information as confidential and has policies in place to ensure the protection of this information.
* I understand that this data may be used for statistical purposes.
* I am the legal guardian of the child and have authority to provide information contained in this form.
* I acknowledge that by completing this waiting list application it does not confirm a placement at this service.

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

**What now?**

Once your application is received, we may contact you to discuss your application which may include a request for further information and / or clarification. We will contact you when a position becomes available. For further information regarding your application please contact the service director.

\* Customer reference number obtained from the Family Assistance Office or Medicare**.**

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| **OFFICE USE ONLY** |  |
| **Processed by:**  **Date received:** | **Date processed:** |