**Diagram

Description automatically generatedChart, bubble chart

Description automatically generated** **Atherton Community Kindergarten - Waitlist**

|  |  |
| --- | --- |
| **Child’s name: DOB: Gender:** | |
| **Parent 1**  **Name:**  **Mobile number:**  **Email address:**  **Home Address:** | **Parent 2**  **Name:**  **Mobile number:**  **Email address:** |
| **Mailing address (if different from above):** | |
| **Year of Kindy Commencement:** | |
| Has your child been **diagnosed with any conditions**? E.g. Speech/language issues or delays, allergies, asthma, behavioural issues, ADD/ADHD, diabetes, epilepsy, ASD spectrum disorder or other?  Yes No Seeking support/diagnosis | |
| Please specify: | |
| **Parent signature Date:** | |

|  |
| --- |
| **Office use:**  **Waitlist received:**  **#** |

**Chart, bubble chart

Description automatically generatedChild’s Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle your Kindy session preference:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2 Kindy**  **days** | **3 Kindy days** | **4 Kindy days** | **5 Kindy days** | **Traditional Kindy** |
| Mon & Tues  Wed & Thurs  Thurs & Fri | Mon, Tue, & Wed  Wed, Thurs, & Fri  Mon, Tues, Fri | Mon,  Tues, Wed & Thurs  Mon,  Tues, Thurs, & Fri | Mon, Tues, Wed, Thurs, and Fri | Mon, Wed, Fri **8.45am – 2.45pm** available 2022  **No Holidays**  **No After Kindy Care** |

Please circle preferred session times:

**8.00am – 3.30pm or 8 .00 am – 6pm**

Special Considerations (eg: preferred teacher)

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

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Diagram

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