**** **Atherton Community Kindergarten - Waitlist**

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| **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:**  **#**  |

**Child’s Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle your Kindy session preference:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2 Kindy****days** | **3 Kindy days** | **4 Kindy days** | **5 Kindy days** | **Traditional Kindy**  |
| Mon & TuesWed & ThursThurs & Fri | Mon, Tue, & WedWed, Thurs, & FriMon, Tues, Fri | Mon,Tues, Wed & ThursMon,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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