

ABN 46 550 759 445

**Bayview Kindergarten Association Inc.**

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##  Waiting List Form

Waiting List Policy

1. Enrolment at the centre will depend on places available and offers will be made strictly in accordance with the waiting list.
2. No child’s name will be entered on the waiting list until the non-refundable fee of $10 is paid and receipted.
3. No waiting list priority will be given to children for any reason.
4. Lodgment of this form does not guarantee a place.

Child’s Name (Surname): (First name):

Child’s Date of Birth:

Parent/Guardian Name/s:

Address:

Home Phone: Mobile:

Email Address:

Year of Attendance:

Group Preference: (Please indicate the group you would prefer)

 **Group 1 Group 2**

 Mon – Tue – Alt Wed Alt Wed – Thurs - Fri

(NB: We offer a 15hr weekly program for each group therefore both groups have an alternate Wednesday)

Please volunteer any additional needs your child may require so that the centre can plan for facilities and/or apply for funding to best meet his/her needs:

Office Use Only

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Received by Date Receipt Number Waiting List Position Group Year