



**STRATHPINE COMMUNITY
KINDERGARTEN ASSOCIATION INC**
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Application for Waiting List

CHILD'S NAME: _____

DATE OF BIRTH: _____ ATTENDANCE YEAR: _____

ADDRESS: _____

POSTCODE: _____

HOME PHONE: _____ MOBILE: _____

EMAIL ADDRESS: _____

PARENT'S NAME: _____

Special Requirements – Are there any additional needs of which you are aware that your child may require during his or her enrolment at the centre. If for any reason your child may need special assistance (for eg Special facility/ equipment or additional support staff), notify the centre as soon as possible so that the centre can plan for facilities or apply for funding to best meet the needs of your child. Please note this information is requested to assist the centre in long term planning for the successful inclusion of the child with additional need. The information obtained **will not** be used to deny or delay enrolment of the child involved. At the same time there is no guarantee of enrolment; enrolments are done in date order according to place on waiting list

SIGNED: _____ RELATIONSHIP TO CHILD: _____

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 contact us for our Bank account details for Internet transfer.

OFFICE USE ONLY:

Receipt No:	Date Received:	Signed:	Year Child to Attend:
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PLEASE CONTACT US IF THE ABOVE INFORMATION CHANGES.