



4A Tubber Street
Beauesert Qld 4285
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ABN: 59611542573



KINDERGARTEN WAITING LIST

Child's details:

Child's given name/s: _____

Child's family name: _____

Country of birth: _____ Date of birth: _____

Child's gender ☐ Male ☐ Female

Home address: _____

Home suburb: _____ State: _____ Postcode: _____

Parent/guardian details: (please indicate your preferred method of contact by ticking the appropriate box)

Given name: _____

Family name: _____

Relationship to child: _____

☐ Home phone: _____ ☐ Work phone: _____

☐ Mobile phone: _____ ☐ Email address: _____

Home address: Is home address same as child? ☐ Yes ☐ No (if no please enter your home address)

Street address: _____

Suburb: _____ State: _____ Postcode: _____

Parent/guardian details: (please indicate your preferred method of contact by ticking the appropriate box)

Given name: _____

Family name: _____

Relationship to child: _____

☐ Home phone: _____ ☐ Work phone: _____

☐ Mobile phone: _____ ☐ Email address: _____

Home address: Is home address same as child? ☐ Yes ☐ No (if no please enter your home address)

Street address: _____

Suburb: _____ State: _____ Postcode: _____

Is your child of Aboriginal descent? ☐ Yes ☐ No

Is your child of Torres Strait Islander descent? ☐ Yes ☐ No

Do you hold a current Health Care Card? ☐ Yes ☐ No

Does your family receive the Family Tax Benefit ☐ Yes ☐ No

First language: _____ Second language (if applicable): _____

Main language spoken at home: _____

Year of commencement (please tick the relevant year according to your child's date of birth)

☐ 2023 (child born 1 July 2018 – 30 June 2019) ☐ 2026 (child born 1 July 2021 – 30 June 2022)

☐ 2024 (child born 1 July 2019 – 30 June 2020) ☐ 2027 (child born 1 July 2022 – 30 June 2023)

☐ 2025 (child born 1 July 2020 – 30 June 2021) ☐ 2028 (child born 1 July 2023 – 30 June 2024)

Application details:

The information you provide in this section will assist our Kindy to facilitate a smooth transition for your child into Kindergarten. All responses to these questions are voluntary and will be treated in accordance with the C&K confidentiality and privacy policy.

Is your child undergoing assessment for any of the below conditions? ☐ Yes ☐ No

Has your child been diagnosed with any of the below conditions? ☐ Yes ☐ No

☐ Any allergic condition (please specify)

☐ Attention deficit disorder (ADD/ADHD)

☐ Asthma

☐ Diabetes

☐ Behavioural issues

☐ Epilepsy

☐ Speech/language delays

☐ Autistic spectrum disorder

If other please include relevant details: _____

I/we have provided correct information and agree to notify the Beaudesert Community Kindergarten if my/our circumstances change.

I/we understand that the information that I/we have provided is to be used for the purposes of being considered for a place at the Beaudesert Community Kindergarten.

I/we understand that the Beaudesert Community Kindergarten regards me/our information as confidential and has policies in place to ensure the protection of this information/we understand that this data may be used for statistical purposes.

Parent/guardian signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

Please contact the Kindergarten should any of your details change. Kindergarten waiting lists and enrolment offers are managed by the Kindergarten Directors. Kindergarten enrolment offers for the following year are commenced midway through the first Semester. Preference is given to Pre-Prep children (aged 3 ½ to 4 ½ at the start of the year). If the Pre-Prep waiting list is exhausted, places will be offered to children aged 3-3 ½.

OFFICE USE ONLY

Date received:

Date processed: