



LAIDLEY KINDERGARTEN

P.O. Box 61
LAIDLEY Q 4341

phone (07) 54651723

Expression of interest in enrolling

DATE:

NAME OF CHILD: M / F

DATE OF BIRTH:

NAMES OF PARENTS/
GUARDIANS:
.....

ADDRESS:

EMAIL:

PHONE NUMBER: (home) (work)

Does your child have any additional needs that may require additional support?

.....

Parent/Guardian Signature:

Director's Signature:

Office use only:

Offer of Position

Date offer by phone: Accepted/Declined/Not contacted/Left message

Date offer by phone: Accepted/Declined/Not contacted/Left message

Date offer by phone: Accepted/Declined/Not contacted/Left message

Date offer by letter: Reply by date:

Accepted/Declined/No reply:.....

Interview:

LAIDLEY KINDERGARTEN
36 WILLIAM STREET, LAIDLEY. PH 54651723

Date name entered on Waiting List:.....

Name of child:

Director's Signature: