

Moura Community Kindergarten  
P.O. Box 33  
5 Scenic Street  
MOURA QLD 4718  
Ph. 07 4997 1179  
mourakindy@bigpond.com



PLEASE ENCLOSE WITH THIS  
FORM A \$10  
PROCESSING FEE

## WAITLIST APPLICATION

### Please read before completing this form

1. Lodgement of this form does not guarantee your child will be offered a place.
2. This form is a wait list application only. If your child is offered a place, we will ask you to complete an enrolment form to formalise the enrolment for your child.
3. Please submit a separate form for each child.
4. Please write BLOCK LETTERS.
5. A range of information is gathered for legislative and statistical purposes. Please complete all sections of this form to help us process your application as soon as possible.

Please indicate whether this form is a new application or an amendment to an existing application by ticking the applicable box below:

**New application**

**Amendment to an existing application**

### Child

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: Male  Female  Non-Binary/Unspecified

Home address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Year of commencement** – please tick the relevant year according to child's date of birth

- |   |   |
|---|---|
| <input type="checkbox"/> 2021 (born 1 July 2016 – 30 June 2017) | <input type="checkbox"/> 2024 (born 1 July 2019 – 30 June 2020) |
| <input type="checkbox"/> 2022 (born 1 July 2017 – 30 June 2018) | <input type="checkbox"/> 2025 (born 1 July 2020 – 30 June 2021) |
| <input type="checkbox"/> 2023 (born 1 July 2018 – 30 June 2019) | <input type="checkbox"/>  |

### Parent/guardian 1

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone (mobile preferred): \_\_\_\_\_ Email address: \_\_\_\_\_

### Parent/guardian 2

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone (mobile preferred): \_\_\_\_\_ Email address: \_\_\_\_\_

### Do you or your Child Identify as:

- |   |  |
|---|--|
| <input type="checkbox"/> Aboriginal             | <input type="checkbox"/> Aboriginal and Torres Strait Islander |
| <input type="checkbox"/> Torres Strait Islander | <input type="checkbox"/> South Sea Islander                    |
| <input type="checkbox"/> Not Indigenous         | <input type="checkbox"/> Decline to Answer                     |

**Does your child have an additional need or medical condition?**  YES  NO

If YES, please provide details below. This information will be used to support your child if an enrolment offer is made.

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**Waitlist application agreement**

- I have provided correct information and agree to notify Moura Community Kindergarten if my circumstances change.
- I understand that the information I have provided will be used for the purposes of being considered for a place at Moura Community Kindergarten
- I understand that Moura Community Kindergarten regards my information as confidential and has policies in place to ensure the protection of this information.
- I am the legal guardian of the child and have authority to provide information contained in this form
- I acknowledge that by completing this wait list application it does not confirm a placement at Moura Community Kindergarten.

**Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_