

Ravenshoe Kindergarten and Playgroup INC

Kindergarten wait list application



Policy – Enrolment

Area – Service Operations

This waiting list form is for **C&K Affiliate Kindergarten services only**.

Kindergarten name: **Ravenshoe Kindergarten & Playgroup INC.**

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 booklet to formalise the enrolment for your child.
3. Please submit a separate form for each child.
4. Please write in BLOCK LETTERS.
5. Once completed, please submit by email or mail directly to the service.
6. **Email:- ravenshoekindynck@bigpond.com Phone:- 40976565**
Address:- 29 Ascham Street, Ravenshoe, QLD, 4888.
7. 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.
8. 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's details

First name: _____ Last name: _____

Date of birth: _____ Gender: Male Female Child's CRN* (if known): _____

Home address: _____

Suburb: _____ State: _____ Postcode: _____

Year of commencement – please tick the relevant year according to your 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"/> 2026 (born 1 July 2021 – 30 June 2022) |

Parent / guardian

First name: _____ Last name: _____

Parent's gender: Male Female Relationship to child: _____

Parents CRN* (if known): _____

Contact phone: _____  Email address: _____

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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.

Waitlist application agreement

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

Parent / guardian signature: _____ Date: _____

What now?

Once your application is received, we may contact you to discuss your application which may include a request for further information and / or clarification. We will contact you when a position becomes available. For further information regarding your application please contact the service director.

* Customer reference number obtained from the Family Assistance Office or Medicare.

OFFICE USE ONLY

Processed by:	
Date received:	Date processed: