C&K Childcare & Kindergarten
Early Learning since 1907

Kindergarten Wait List Application
Western Suburbs Kindergarten Assoc. 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 form 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 you can submit this form by fax, scan/email, in person or mail directly to Western Suburbs Kindergarten (contact details at the end of this form).
6. A range of information is gathered for legislative and statistical purposes. Please ensure you complete all sections of this form to help us process your application as soon as possible.

Child's details:

First name:_____ Surname:_____

Date of birth: _____ Gender: Male ☐ Female ☐

Home address:_____

Home suburb:_____ State:_____ Postcode:_____

Parent / guardian details:

Parent 1: _____ Relationship to Child: _____

Parent 1 Phone: _____ Does Parent 1 live with child (please circle): Yes No

Parent 2: _____ Relationship to Child: _____

Parent 2 Phone: _____ Does Parent 2 live with child (please circle): Yes No

Best email for enrolment correspondence: _____

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

☐ 2020 (child born 1 July 2015 – 30 June 2016)
☐ 2021 (child born 1 July 2016 – 30 June 2017)
☐ 2022 (child born 1 July 2017 – 30 June 2018)
☐ 2023 (child born 1 July 2018 – 30 June 2019)
☐ 2024 (child born 1 July 2019 – 30 June 2020)

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Do you or your child identify as (please circle)**:**

Aboriginal	Aboriginal and Torres Strait Islander
Torres Strait Islander	South Sea Islander
Not Indigenous	Decline to Answer

Does your child have any additional need or medical condition? (please circle) **YES** **NO**

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

_____

_____

_____

How did you find out about Western Suburbs Kindergarten?

Word of mouth	☐	Flyer / brochure	☐
Existing C&K Service	☐	Social Media (Please specify): _____	☐
Yellow / White pages	☐	C&K website	☐
Internet search	☐	Other (please specify): _____	☐

Wait list application agreement:

- I have provided correct information and agree to notify Western Suburbs Kindergarten if my circumstances change.
- I understand that the information I have provided is to be used for the purposes of being considered for a place at a Western Suburbs Kindergarten.
- I give permission for my details to be provided to other C&K services / Central Office for the purpose of enrolment.
- I understand 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 wait list application it does not confirm a placement at Western Suburbs Kindergarten.

Parent / Guardian signature/s: _____ Date: _____

Wait list lodgement details:

Please fully complete and sign this Waiting List Application Form. Form is then returned to Western Suburbs Kindergarten via: Fax: 4779 2599, Scan & Email: affiliatewesternsuburbs@candk.asn.au, Post to: PO Box 277 Aitkenvale 4814 or In Person: 130 Wellington Street, Aitkenvale 4814 (if office is unattended please place form in the secure box/post hole in the wall next to the office door).

What now:

Once your application is received, the Kindergarten will email a receipt. Staff will contact you if they need further information and / or clarification. We commence our enrolment process from May each year for the following year. We will contact you via email once we start our enrolment procedure to advise the group structure and information relevant to the year of commencement. You will then be asked to supply your preference of group for your child. Please contact the Kindergarten should any of your details change.

PLEASE COMPLETE BOTH SIDES OF THIS FORM