Please scan and email this completed form to tullykindy@qldnet.com.au
Or, drop it off or post to Tully Kindergarten 48 Bryant Street, Tully

Form SO:05.02. F3
Kindergarten wait list application

Policy – Enrolment

Area – Service Operations

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

Kindergarten name (please nominate service name): Tully Community Kindergarten

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. Contact details for services can be found on the C&K website http://www.candk.asn.au/tully
6. 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.
7. 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

☐	~~2018 (born 1 July 2013 – 30 June 2014)~~	☐	2021 (born 1 July 2016 – 30 June 2017)
☐	~~2019 (born 1 July 2014 – 30 June 2015)~~	☐	2022 (born 1 July 2017 – 30 June 2018)
☐	~~2020 (born 1 July 2015 – 30 June 2016)~~	☐	2023 (born 1 July 2018 – 30 June 2019)

Parent / guardian

First name: _____ Last name: _____

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

Parents CRN* (if known): _____

☎ Contact phone: _____ E-mail Email address: _____

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Do you or your child identify as:

- ☐ Aboriginal
- ☐ Torres Strait Islander
- ☐ Not Indigenous
- ☐ Aboriginal and Torres Strait Islander
- ☐ South Sea Islander
- ☐ 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:**

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