



## 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 with CLEAR LETTERS.
5. Once completed you can submit this form by 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 ☐ Unspecified ☐

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

- |   |   |
|---|---|
| <input type="checkbox"/> 2024 (child born 1 July 2019 – 30 June 2020) | <input type="checkbox"/> 2027 (child born 1 July 2022 – 30 June 2023) |
| <input type="checkbox"/> 2025 (child born 1 July 2020 – 30 June 2021) | <input type="checkbox"/> 2028 (child born 1 July 2023 – 30 June 2024) |
| <input type="checkbox"/> 2026 (child born 1 July 2021 – 30 June 2022) | <input type="checkbox"/> 2029 (child born 1 July 2024 – 30 June 2025) |

**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**

WSK collects information regarding your child's additional needs and/or medical conditions as it helps us to plan a positive and supportive transition for your child into our centre.

**How did you find out about Western Suburbs Kindergarten?**

Word of mouth	<input type="checkbox"/>	Flyer / brochure	<input type="checkbox"/>
Existing C&K Service	<input type="checkbox"/>	Social Media (Please specify): _____	<input type="checkbox"/>
Yellow / White pages	<input type="checkbox"/>	C&K website	<input type="checkbox"/>
Internet search	<input type="checkbox"/>	Other (please specify): _____	<input type="checkbox"/>

**Wait list application terms and conditions:**

- 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 that WSK / C&K regards my information as confidential and has policies in place to ensure the protection of this information.
- 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 and I acknowledge I have read and understand the information above.

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: Email: [affiliatewesternsuburbs@candk.asn.au](mailto: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 office mail box 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 June 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**