



Waiting List Application

(Please print clearly)

Child's Details

Surname: _____ Christian Name: _____

Date of Birth: _____ Sex: _____

Email: **(this will be our main form of contact)** _____

Home Address: _____

Postal Address (if different): _____

As funding for Additional Support for children has to be applied for in the year prior to your child commencing, please circle any additional needs your child may have:

Speech Therapy Developmental Hearing Visual Physiotherapy Occupational Therapy

Physical: _____

Other: _____

Comments: _____

PLEASE NOTE: This information is requested to assist the kindy in long term planning for the successful inclusion of children with additional needs. The Information obtained WILL NOT be used to deny or delay enrolment of the child involved. At the same time there is no guarantee of enrolment.

Parent/Guardian 1: Name: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Parent/Guardian 2: Name: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Application is made for a position on the following waiting list/s

Kindy Group Monday and Tuesday – 8.15am to 3.30pm

Pre Kindy Group Wednesday and Thursday – 8.45am – 12pm

Please Note: Children's names are only registered on the Waiting List/s upon receipt of this completed form. Placement upon the Waiting List/s does not guarantee enrolment at Biloela Kindy. The kindy abides by our Waiting List Policy. When enrolling children, names must be taken from the Waiting List in strict accordance with the child's date of placement on the waiting list, which is when this form is received at the kindy. If you change the above contact details, please let us know. We cannot be responsible for locating you if you move. Please do not place unborn children on to the waiting list.

Signed: _____ Name: _____

Date: _____

Teacher Use Only

Date Received: ____/____/____

Teacher Signature: _____

Kindy Group Year: 20____

Pre Kindy Group Year: 20____