

# Carina Kindergarten and Pre-School Association Inc

## KINDY WAITING LIST APPLICATION FORM

Carina Kindy



(This is the year prior to the child's entry to Prep at Primary School)

**\$10 Waiting List Fee (non-refundable) applies on lodgement of this form. Payment can be made by Cash, Cheque or Direct Debit to Carina Kindergarten BSB -124 001 Account - 204 600 03 Ref - Child's Surname name, kindy year of attendance (Smith2020)**

**This application will be added to the Kindy Waiting List from the date of receipt of both form and \$10 fee.**

**Please specify all of the following details, only enter one child per form.**

CHILD'S FIRST NAME	CHILD'S SURNAME
DATE OF BIRTH	CHILD'S GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PARENT/GUARDIAN 1	PARENT 1 - WORK / MOBILE
PARENT/GUARDIAN 2	PARENT 2 - WORK / MOBILE
EMAIL	HOME PHONE
HOME ADDRESS	POSTCODE

NAME OF OTHER CONTACT PERSON	
RELATIONSHIP TO CHILD	PHONE

DOES THE CHILD NAMED ABOVE HAVE ANY DISABILITIES / SPECIAL NEEDS?	<b>YES / NO</b>
IF YES PLEASE PROVIDE DETAILS:	

<b>YEAR OF COMMENCEMENT</b>	
<input type="checkbox"/> 2017 (child born 1 July 2012 - 30 June 2013)	<input type="checkbox"/> 2018 (child born 1 July 2013 - 30 June 2014)
<input type="checkbox"/> 2019 (child born 1 July 2014 - 30 June 2015)	<input type="checkbox"/> 2020 (child born 1 July 2015 - 30 June 2016)
<input type="checkbox"/> 2021 (child born 1 July 2016 - 30 June 2017)	
<b>PREFERRED GROUP (PLEASE TICK)</b>	
<input type="checkbox"/> <b>Group A</b> - Extended hours Monday and Tuesday 8 am – 3.30 pm	
<input type="checkbox"/> <b>Group B</b> - Thursday, Friday and alternate Wednesday 8.25 am – 2.30 pm	
<b>(Preferred Group is just a preference. Actual groups selections will be discussed once you are contacted about a place)</b>	

I / We \_\_\_\_\_ (Parent/s name/s) wish my child to attend the Carina Kindergarten. I / We acknowledge that this application does not guarantee my child's entry to the Kindy Year, it only secures a place on the waiting list. I / We will advise the centre of any changes to the details above.

Parent/Guardian Signature/s 1. \_\_\_\_\_ 2. \_\_\_\_\_

### Office Use Only

DATE RECEIVED	
RECEIPT NUMBER	
YEAR OF PROPOSED ENTRY	WAITING LIST NUMBER

*Notification of positions for your child's year will commence in July prior to entry year.*