



Children in Community

WAITING LIST APPLICATION FOR INALA COMMUNITY KINDERGARTEN

Cnr Rosella & Bluejay Street Inala

Child's Full Name: _____

Child's Date of birth: _____ **Child's Gender:** ☐ Male ☐ Female

Is your child of Aboriginal descent? ☐ Yes ☐ No

Is your child of Torres Strait Islander descent? ☐ Yes ☐ No

Do you or your child hold a current Health Care Card? ☐ Yes ☐ No

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.

Group preference: ☐ Mon/Tues ~ ☐ Thurs/Fri ~ ☐ either

Please tell us how you found out about us? (e.g. website / Friends)

Parent/Guardians details:

	Parent/Guardian 1 details	Parent/Guardian 2 details
Full Name:		
Contact No:		
Address:		
Relationship to child:		
Email Address:		

Year of Commencement: Please tick the box on the left

<input type="checkbox"/>	2019	Child born between 1 July 2014 – 30 June 2015
<input type="checkbox"/>	2020	Child born between 1 July 2015 – 30 June 2016
<input type="checkbox"/>	2021	Child born between 1 July 2016 – 30 June 2017
<input type="checkbox"/>	2022	Child born between 1 July 2017 – 30 June 2018
<input type="checkbox"/>	2023	Child born between 1 July 2018 – 30 June 2019

Office Use

Date Entered: _____ Signed: _____