



13-15 Taylor Street, TOOWOOMBA QLD 4350

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Expression of Interest Application

Child's Name: _____.

Does the child identify as:

- Aboriginal *YES / NO*
- Torres Strait Islander *YES / NO*
- Both Aboriginal and Torres Strait Islander *YES / NO*

If requested, could you supply a Certificate of Aboriginality: *YES / NO*

Child's Date of Birth: _____.

Is the child fully toilet trained: *YES / NO*

Address: _____.

Parent/Caregivers Name: _____.

Parent/Caregivers Contact Number: _____.

Parent/Caregivers Name: _____.

Parent/Caregivers Contact Number: _____.

Please list below 3 other people along with their contact numbers, so that if we are unable to contact you directly, we can ring the following contacts to reach you.

1st Person: _____ . Number: _____.

2nd Person: _____ . Number: _____.

3rd Person: _____ . Number: _____.

Special needs or concerns that we need to beware of prior to enrolment (If known)
Please Circle.

Physical Hearing Speech Intellectual Allergies

Does the child have any medical conditions: _____.

Please note that due to the fact that much of our operational funding comes from DEEWR as an Indigenous Early Education initiative our Waiting list Policy gives priority to Indigenous children.

OFFICE USE ONLY

Wallabies Group / Bilbies Group

Date the form was returned: _____.

Kindergarten year of enrolment eligibility: _____.