**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 only. If your child is offered a place, we will ask you to complete an enrolment form to formalise the enrolment for your child.

3. Please submit a separate form for each child.

4. Please write BLOCK LETTERS.

**Child**

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male □ Female □

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Year of commencement** – please tick the relevant year according to child’s date of birth

* 2019 (born 1 July 2014 – 30 June 2015 2022 (born 1 July 2017 – 30 June 2018
* 2020 (born 1 July 2015 – 30 June 2016) 2023 (born 1 July 2018 – 30 June 2019)
* 2021 (born1 July 2016 – 30 June 2017 2024 (born 1 July 2019 – 30 June 2020)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/guardian**

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male Female Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (mobile preferred): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Group Placement options: Please note these are preferences/guide only**

**by ticking a box your position in that group is not guaranteed (we follow a strict waitlist policy)**

**Monday and Tuesday** 8.15am to 3.45pm (Children will only be able to utilise the bus in this group)

**Wednesday, Thursday and every second Friday 8.40am to 2.50pm**

**Waitlist application agreement**

 I have provided correct information and agree to notify Moura Kindy if my circumstances change.

 I understand that the information I have provided will be used for the purposes of being considered for a place in the relevant/eligible year at Moura Community Kindergarten

 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 a Moura Community Kindergarten

**Parent / guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*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*

*Occupational Therapy Physical Physiotherapy*

*Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

PLEASE NOTE: This information is requested to assist the kindergarten 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.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children’s name are only registered on the Waiting List upon receipt of this completed form and payment

Placement upon the Waiting List doe not guarantee enrolment at Moura Community Kindergarten

This Kindergarten abides by the C&K waitlist policy

## \*Children who turn four years of age by the 30th June in the year they attend, (i.e. children in the year immediately prior to the preparatory year) represent the target age group for enrolment at kindergarten.

**\*If vacancies exist in the current year grouping and there are no eligible children on the waiting list, the kindergarten may enrol children from the next years waiting list as they turn three years of age.**

**\*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 address or telephone numbers, please let us know.

We cannot be responsible for locating you if you move.