



WAITING LIST FORM

Child's Full Name: _____

Date of Birth: _____

Year of Commencement:

- | | |
|---|---|
| <input type="checkbox"/> 2022 (born 01.07.2017 to 30.06.2018) | <input type="checkbox"/> 2025 (born 01.07.2020 to 30.06.2021) |
| <input type="checkbox"/> 2023 (born 01.07.2018 to 30.06.2019) | <input type="checkbox"/> 2026 (born 01.07.2021 to 30.06.2022) |
| <input type="checkbox"/> 2024 (born 01.07.2019 to 30.06.2020) | <input type="checkbox"/> 2027 (born 01.07.2022 to 30.06.2023) |

Parent's/Guardian's Name/s: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

How did you learn about the Centre? _____

Are there additional needs of which you are aware that your child may require during their enrolment at the Centre?

If, for any reason, your child may need special assistance (e.g. special facilities, special equipment or additional support staff), notify the Centre as soon as possible so that the Centre can plan for facilities/apply for funding to best meet the needs of your child. **Please note:** This information is requested to assist the Centre in long-term planning for the successful inclusion of the child 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.

Waiting List Policy

1. Enrolment at the Centre will depend on places available and offers will be made strictly in accordance with the waiting list.
2. No child's name will be entered on the waiting list until the non-refundable fee of \$20 is paid and receipted (see below for payment options).
3. No waiting list priority will be given to children for any reason.
4. Lodgement of this form does not guarantee a place.

Privacy Policy

Information provided on this form will be considered confidential and will be used only for the purposes for which it was intended or a directly related secondary purpose.

I have read the above Waiting List Policy and do hereby agree to be bound by the above terms and conditions.

Signature _____ Date: _____

Please pay the waiting list fee by EFTPOS at kindy or transfer the payment to the kindergarten account.

Account name: Kenmore West Preschool and Kindergarten Association Inc

BSB: 734-055 Account number: 070420

Reference: Waitlist <Child's surname> <kindy year>

In the meantime, follow us on Facebook for kindy news and updates

Office use only	Received by:	Date form rec:	Date payment rec:	Waiting List position:
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