

Kindergarten Waiting List Application (This is a waiting list form only).



**Coolum Beach Community Kindy (7 Jones Parade), Coolum Beach 4573**

**Telephone: 5446 1944 Email. [coolumkindergarten@bigpond.com](mailto:coolumkindergarten@bigpond.com)**

A **\$20 fee** is required to place a child's name on our waiting list and this **amount is not refundable as this covers administrations costs.**

**BANK DETAILS FOR DIRECT DEPOSIT - BSB 633 000 - ACCOUNT 163 002 694**

If your child gains a placement in our Kindergarten program, will you acknowledge this as your only access to a minimum 15hours of an Approved Kindergarten Program? Yes/ No

Name of other program (if answered No).....

(Priority of offer of placement may be given to those families who acknowledge this service as their provider of an Approved Kindergarten Program for 15 hours due to funding eligibility. Please refer to Access and Admissions Policy).

Please advise how you found out about our Centre.....

**Child's information :**( Please Print)

Name (Christian).....Surname..... Gender – Male/Female

Date of birth.....

Home address:.....

Preferred Program Attendance (Please circle)

Possum Group Mon - Tues Wed Alt

Koala Group - Wed Alt Thurs Fri

**Year of commencement:**

2021 (children born 1<sup>st</sup> July 2016- 30<sup>th</sup> June 2017) ( )

2022 (children born 1<sup>st</sup> July 2017- 30<sup>th</sup> June 2018) ( )

2023 (children born 1<sup>st</sup> July 2018- 30<sup>th</sup> June 2019) ( )

2024 (children born 1<sup>st</sup> July 2019- 30<sup>th</sup> June 2020) ( )

2025 (children born 1<sup>st</sup> July 2020 – 30<sup>th</sup> June 2021) ( )

**Parent/guardian 1**

Name: \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Mobile phone \_\_\_\_\_ Email address .....

**Parent/guardian 2**

Name: \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Mobile phone \_\_\_\_\_ E-mail address.....

**It is the Parents responsibility to advise of any change of address or phone number.**

The Director will contact the parents at the **address recorded here on this form**- July the year before the child is due to start Kindy. In the event of no response to the approach: within 7 days the child's name will be deleted from the list. Any subsequent application for enrolment of that child will be treated in order of receipt and acceptance will depend on the availability of positions.

**Parent signature:** ..... **Date:** .....

**Office use only**

Date Received.....Receipt No.....Received by.....