



Coolum Beach Community Kindy (7 Jones Parade) Coolum Beach 4574

Telephone: 54461944 Email: admin@coolumkindy.org

A **\$30 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 124-079 ACCOUNT 234 737 42

If your child gains a placement in our Kindergarten program, will you acknowledge this as your only access to a minimum 15 hours 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 Mondays, Tuesdays & alternate Wednesdays

Koala Group – alternate Wednesdays, Thursdays & Fridays

Year of commencement:

<input type="checkbox"/>	2027 (children born 1 st July 2022 – 30 th June 2023)
<input type="checkbox"/>	2028 (children born 1 st July 2023 – 30 th June 2024)
<input type="checkbox"/>	2029 (children born 1 st July 2024 – 30 th June 2025)
<input type="checkbox"/>	2030 (children born 1 st July 2025 – 30 th June 2026)

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**- October the year before the child is due to start Pre-Prep. 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.....