

# WAITING LIST APPLICATION FOR KINDERGARTEN

## Stafford Heights Kindergarten



**PLEASE COMPLETE AND RETURN TO KINDERGARTEN SERVICE TOGETHER  
WITH A NON-REFUNDABLE FEE OF \$10.00. (Incl GST) PER APPLICATION**  
Payment can be directly deposited into the bank account: - **Bank of Qld; BSB 124-021:  
Account 2202 0238; Reference – Surname**

Date of Application:.....

### **CHILD INFORMATION** *(Please Print)*

**CHILD'S NAME:**..... M / F *(Please circle)*  
*(Surname)* *(Christian Names)*

**Date of Birth:** ..... **Year of Attendance:** (Child turns 4 by June 30) .....

**Address:** .....

**Preferred Program Attendance:** *(Please circle)*

**3 Day Group** Wed, Thur & Fri  
(6 hrs per day)

**2 Day Group** Mon & Tue  
(8 hrs per day)

To assist us to support your child's participation in our program, please advise if your child has asthma, allergies, or any other medical condition or inclusion support needs.....

### **PARENT INFORMATION**

**Parent/Guardian 1:**.....

**Address:** ..... **Postcode:** .....

**Telephone:** *(Home)*..... *(Work)* ..... *(Mobile)*.....

**Email:** .....

**Parent/Guardian 2:**.....

**Address:** ..... **Postcode:** .....

**Telephone:** *(Home)*..... *(Work)* ..... *(Mobile)*.....

**Email:** .....

### **FOR OUR INFORMATION:**

Please indicate how you heard about our Service, e.g. friend, internet, newspaper, etc .....



For more information on our service including fee's please visit [www.staffordheightskindergarten.qld.edu.au](http://www.staffordheightskindergarten.qld.edu.au)

**OFFICE USE ONLY** Date Received: ..... Receipt No: ..... Receipt Posted: .....