

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 using the following details.

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)

GROUP 1 Mon, Tues, & Wed
(3 Days each week - 6 hrs per day)

GROUP 2 Thurs & Fri
(2 Days each week - 8 hrs per day)

Plus, the option of Outside Hours Care until 6pm

To assist us to support your child's participation in our program, please advise if your child has asthma, allergies, a speech delay, autism or any other medical condition

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

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For more information on our service including fee's please visit www.staffordheightskindergarten.qld.edu.au



OFFICE USE ONLY

Date Received: **Receipt No:** **Receipt Posted:**