



158 MacKenzie St
AYR, QLD, 4807
Ph: 47835982

OFFICE USE ONLY

\$5.50 fee received

Year:

Receipt No: _____

Waiting List No: _____

Date: _____ Signed: _____

APPLICATION FOR PLACEMENT ON WAITING LIST

Enrolment Policy:

Admission to the waiting list does not guarantee enrolment.

Relative position on the waiting list is confidential.

Sessions are in two (2) groups **based on parent's preferences and position on the waiting list**. We will endeavour to give parents their first preference. However, there may be occasions when this is not possible.

Each group has a maximum of twenty-two (22) children. The children on the waiting list will be offered a place during term 3 of the year prior to the child beginning.

The **order of priority on the waiting list will be determined by the date of receipt of this form and payment**, not **on employment status as in childcare**.

A non-refundable **waiting list fee of \$5.50 per child** (GST Inclusive) must be paid at this time to the kindergarten.

I understand these conditions:

Date _____ Signed _____

Child

First Name: _____ Last Name: _____

Date of Birth (D.O.B) _____ Male Female

Does Your Child Identify as:

Aboriginal Torres Strait Islander Not Indigenous

Aboriginal & Torres Strait Islander South Sea Islander Decline to Answer

Year of Commencement – Please tick the relevant year according to child's D.O.B

2025 (born 1July 2020 – 30 June 2021)
 2026 (born 1July 2021 – 30 June 2022)
 2027 (born 1July 2022 – 30 June 2023)

2028 (born 1July 2023 – 30 June 2024)
 2029 (born 1July 2024 – 30 June 2025)
 2030 (born 1July 2025 – 30 June 2026)

PLEASE TURN OVER

Parent /Guardian Details

Residential Address _____

Postal Address (if different) _____

Father's Name _____

Mother's Name _____

Telephone (Home) _____ (Work) _____

(Mobile) _____ (Email) _____

In order of preference (PLEASE NUMBER 1&2) I wish my child/children to attend the kindergarten for:

EXPLORERS Group (Formerly A GP) - 8.30am- 4 pm **Tues & Thurs**

ADVENTURERS Group (Formerly B GP) - 8.30am- 4 pm **Mon & Wed**

I _____ understand this is my preference only, not a guarantee of placement in any group.

Does your child have an additional need or medical need?

YES NO

Please Provide Details Below:

Is your child currently attending, or will s/he be attending any specialist services now/or during their year of enrolment? **PLEASE LIST SERVICE/S**

YES NO

Parent /Guardian Signature

If returning this form electronically via email, please direct deposit into account:

Ayr Community Kindergarten Association

BSB: 654000

Account: 41596023

Reference: child's name and surname