



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 1 July 2020 – 30 June 2021)

☐ 2028 (born 1 July 2023 – 30 June 2024)

☐ 2026 (born 1 July 2021 – 30 June 2022)

☐ 2029 (born 1 July 2024 – 30 June 2025)

☐ 2027 (born 1 July 2022 – 30 June 2023)

☐ 2030 (born 1 July 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 (Formally A GP) - 8. 30am- 4 pm **Tues & Thurs**

☐

**ADVENTURERS** Group (Formally 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:

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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

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\_\_\_\_\_  
**Parent /Guardian Signature**

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**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