

### **BOONAH DISTRICT KINDERGARTEN**

5 Haag Road, Teviotville Qld 4309
Phone (07) 5463 5878
Email enrolments finance@boonahkindy.com.au
Visit www.candk.asn.au/boonahdistrict

# KINDERGARTEN WAIT LIST APPLICATION

## Please read before completing this form

- 1. Lodgement of this form does not guarantee your child will be offered a place.
- 2. This form is a wait list application only. It does not guarantee an enrolment position due to the possibility of receiving delayed entry and delayed exit applications which we are legally obligated to accept.
- 3. If your child is offered a place, we will ask you to complete an enrolment form to formalise your child's enrolment.
- 4. Please submit a copy of your child's birth certificate along with a separate form for each child.
- **5.** When this form, your child's birth certificate and the \$25 waiting list fee is received, the child's name is placed on the waiting list for the nominated year. The waiting list fee is non-refundable.
- **6.** Applications for waiting list are accepted in order of dates and times received including payment of the wait list fee. Emailing the application form and direct deposit of the wait list fee is recommended.
- 7. If emailing the application form is not possible, applications will be accepted in person at kindy from 9am on the day after applications open.
- **8.** Applications received prior to the opening times listed below, will not be accepted.

Child Particulars			
Name in Full			
Date of Birth			
Gender			
Home address			
Year of commencement – please tick relevan			
2025 (born 1 July 2020 – 30 June 2021)	Now Open		
2026 (born 1 July 2021 – 30 June 2022)	Now Open		
2027 (born 1 July 2022 – 30 June 2023)	Now Open		
Parent/Guardian Particulars			
1st Parent/Guardian Name			
E-mail Address			
Phone No. (H)(M)	)	(W)	
2 <sup>nd</sup> Parent/Guardian Name			
E-mail Address			
Phone No. (H)(M)	)(	(W)	

# Does your child have an additional need? Yes / No

If YES, please provide details below. If, for any reason, your	
special equipment or additional support staff), please notify the	
for facilities/ apply for funding, to best meet the needs of your	child. This information will be used to support your child if
an enrolment offer is made.	
Does your child have a medical condition? Yes / No	
If YES, please provide details below, including any medication	required.
Does your child identify as:	
Aboriginal Aboriginal and Torres Strai	t Islander Not Indigenous
Torres Strait Islander South Sea Islander	Decline to Answer
Group preference, if any:	
Please note group preference will be dependent on availa	bility. Groups will be confirmed at enrolment, in the year
prior to your child's kindergarten year.	
Monday, Tuesday, and alternate Wednesday (Red group	)
Thursday, Friday, and alternate Wednesday (Blue Group	)
Either Group	
Waitlist application agreement	
<ul> <li>I have provided correct information and agree to notify</li> </ul>	, and the second
· · · · · · · · · · · · · · · · · · ·	be used for the purposes of being placed on the wait list at
<ul> <li>C&amp;K Boonah District Kindergarten.</li> <li>I understand that C&amp;K regards my information as con</li> </ul>	fidential and has policies in place to ensure the protection
of this information.	
I am the legal guardian of the child and have authority  I asknowledge that he applies  I asknowledge that he applies  I am the legal guardian of the child and have authority  I asknowledge that he applies  I am the legal guardian of the child and have authority  I asknowledge that he applies  I am the legal guardian of the child and have authority  I asknowledge that he applies  I am the legal guardian of the child and have authority  I asknowledge that he applies  I am the legal guardian of the child and have authority  I asknowledge that he applies  I am the legal guardian of the child and have authority  I asknowledge that he applies  I am the legal guardian of the child and have authority  I asknowledge that he applies  I am the legal guardian of the child and have authority  I asknowledge that he applies  I am the legal guardian of the child and have a second and the child a	•
I acknowledge that by completing this wait list applica	·
Parent/Guardian signature:	Date:
Waiting List Fee \$25 Payment by direct deposit:	

### What happens next?

Reference - Child's Name

Account Name – Boonah District Kindergarten
BSB – 633 000 Account Number – 146 126 347

Once we receive your completed application, child's birth certificate and waitlist fee, a confirmation email will be sent to you as soon as possible. Enrolment offers usually commence between May and June, prior to the commencement of your child's kindergarten year. If your child is offered a position, we will contact you to confirm their placement. We will ask you to complete an enrolment form and make payment of the non-refundable enrolment fee to confirm the enrolment for your child. Please ensure your contact details are kept up to date. For further information please contact the kindergarten or visit our C&K website www.candk.asn.au/boonahdistrict

Reference \_\_\_\_

Date Paid \_\_\_/\_\_/\_\_\_