

# WAITING LIST APPLICATION FOR SOUTH PINE COMMUNITY KINDERGARTEN



**Lady Gowrie** QLD  
Educating and caring  
for children since 1940

**PLEASE COMPLETE AND RETURN TO KINDERGARTEN SERVICE TOGETHER WITH A NON-REFUNDABLE FEE OF \$20 (incl GST) PER APPLICATION**

Date of Application:.....

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

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

**Date of Birth:** .....

**Address:** .....

**Kindergarten Year of Attendance** (Child turns 4 by June 30): .....  
Further Information if required is available from the service.

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

**GROUP 1** Mon Tues Weds Alt **GROUP 2** Weds Alt Thurs Fri  
*(Fee information relative to program delivery is available on our website or at our service).*

**PARENT INFORMATION**

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

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

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

**Email:** .....

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

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

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

**Email:** .....

During their Kindergarten year will your child also attend another early childhood program? *(Please circle)* YES / NO  
Kindergarten                  Child Care Centre                  Family Day Care                  Other

If your child gains a placement in our Kindergarten program, will you acknowledge this as your only access to a minimum of 15 hours of an Approved Kindergarten Program? YES / NO

Name of other program (if answered No): .....

*(Priority of offer of placement may be given to those families who acknowledge this service as their provider of an Approved Kindergarten Program for 15hrs due to funding eligibility. Please refer to Access and Admissions policy). If you change address and/or phone numbers please advise us so that we may amend our records. If we cannot contact you it may mean that you miss out on a place.*

How did you find out about our centre?  Internet search  Driving past  Recommended by another parent  
 Qld Government Kindy Hotline  Advertising  Other .....

Parents Signature ..... Date .....

Payment Enclosed  Cash  Cheque  Other..... Amount:.....

Should you wish to pay using internet banking our details are: BSB: 084 929, A/C: 50 894 7107 please remember to place your surname as reference.

**OFFICE USE ONLY**

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