

WAITING LIST APPLICATION

Please complete and return your completed waitlist form and non-refundable \$20 waitlist fee to South Pine Kindy in person or by emailing to admin@southpinekindy.com.au

Date of Application: _____

CHILD INFORMATION		
First Name:	Surname:	Date of Birth:
Address (including postcode):		
<p>Preferred Group:</p> <p> <input type="checkbox"/> Group 1 BOW Monday, Tuesday, alternate Wednesday </p> <p> <input type="checkbox"/> Group 2 EOW Thursday, Friday, alternate Wednesday </p> <p>Are you flexible with groups? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

FIRST PARENT/GUARDIAN INFORMATION		
First Name:	Surname:	Date of Birth:
Address (including postcode):		
Contact Number:	Email Address:	
SECOND PARENT/GUARDIAN INFORMATION		
First Name:	Surname:	
Contact Number:	Email Address:	

Parent Signature: _____

Payment Method: Cash Direct Deposit
Account Name: South Pine Kindergarten BSB: 084 929 Account Number: 50 894 7107
(please remember to include your surname as the reference)

How did you hear about us?

<input type="checkbox"/> Social Media	<input type="checkbox"/> Recommendation	<input type="checkbox"/> Driving Past	<input type="checkbox"/> Internet Search
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SOUTH PINE KINDY USE ONLY	
Date Received:	Entered in Story Park Manage: Yes/No
Receipt Number:	Staff Signature: