

# WAITING LIST APPLICATION

## Yorkeys Knob Community Kindergarten

**Child's Name:**..... **Date:**.....

**Date of Birth:** ..... **Sex:** M / F

**Home Address:** .....

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

### **Parent Details:**

**Name:**.....

**Home Ph:**..... **Work No:**.....

**Mobile:**..... **Email:**.....

Does your child have any health issues, allergies or special needs that staff need to be informed of?

Yes / No If yes specify:.....

We operate 2 groups at the centre. Both groups attend 15 hours per week.

Session times are:

Group 1(Kookaburras): Tuesday & Wednesday 8:25am – 4:05pm

Group 2 (Geckos): Thursday & Friday 8:25am – 4:05pm

If you have a preference please indicate.

Parents will be advised of placement for the following year by phone in September of the preceding year. If there is any variation to these details please call the centre 4055 7114 to advise them of the changes.

**Parent signature:**.....

## OFFICE USE ONLY

Initial call to confirm placement still required: .....

Group requested/confirmed :.....

Letter of offer sent:..... Date sent:.....

Deposit received:.....

Booklet and confirmation letter sent:..... Date sent:.....

Orientation attend and start letter/Parent Handbook received:.....

Handbook /start letter posted/collected:.....

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COMMENTS