

Camp Hill Kindergarten

AND PRESCHOOL ASSOCIATION INCORPORATED
71 Wiles St, CAMP HILL QLD 4152
PO Box 14 CARINA QLD 4152
PH 07 3398 2524

Give your child the best start to life. Become a part of our kindergarten community and share something special.

Kindergarten waiting list application

How to complete this form:

1. Lodgement of this form **does not guarantee** your child a place at Camp Hill Kindergarten.
2. This form is a waiting list application form only. Please submit a separate form for each child.
3. Please ensure that all fields have been filled out using **BLOCK LETTERS**.
4. Once completed you can submit this form by email or mail directly to the kindergarten. Please refer to the lodgement details section for further information.
5. A range of **information is gathered for legislative and statistical purposes** please ensure you complete all sections of this form to help us process your application as soon as possible.
6. Please indicate whether this form is a new application or an amendment to an existing application by ticking the applicable box below.
7. A child on the waiting list and then enrolled at this kindergarten, secures a place for a sibling provided a place is available.

Wait list lodgement details:

The waiting list form must be submitted with the non-refundable application fee of \$10.

The options for returning the waiting list form and application fee are as follows:

1. In person
2. By mail with cheque to: PO BOX 14, CARINA QLD 4152
3. By email admin@camphillkindy.org.au with direct deposit into account:

Camp Hill Kindergarten
BSB: 124 001
Account: 10 227 935
Reference: surname child's name

Camp Hill Kindergarten

Kindergarten waiting list application

New application

Amendment to existing application

Child's details:

Child's given name/s _____

Child's family name: _____

Country of birth _____ Date of birth: _____

Child's gender Male Female

Home address: _____

Home suburb: _____ State: _____ Postcode: _____

Is your child of Aboriginal descent? No Yes

Is your child of Torres Strait Islander descent? No Yes

First language: _____ Second language (If applicable): _____

Main language spoken at home: _____

Does this child have an older sibling who has attended this centre or is on the waiting list? No Yes

If yes, Name of Sibling/s _____ Years attended/due to attend _____

Year of commencement (please tick the relevant year)

- 2017 (child born 1 July 2012 – 30 June 2013) 2018 (child born 1 July 2013 – 30 June 2014)
 2019 (child born 1 July 2014 – 30 June 2015) 2020 (child born 1 July 2015 – 30 June 2016)
 2021 (child born 1 July 2016 – 30 June 2017)

Application details:

The information you provide in this section will assist us to facilitate a smooth transition for your child into kindergarten. All responses to these questions are voluntary and will be treated in accordance with the C&K confidentiality and privacy policy.

Is your child undergoing assessment for any of the below conditions? No Yes

Has your child been diagnosed with any of the below conditions? No Yes

(If yes to one or more, please attach relevant details)

- | | | | |
|--|--------------------------|---|--------------------------|
| Any allergic condition – (please specific) | <input type="checkbox"/> | Attention deficit disorder (ADD / ADHD) | <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> |
| Behavioural issues | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> |
| Speech / language delays | <input type="checkbox"/> | Autistic spectrum disorder | <input type="checkbox"/> |

If other please include relevant details: _____

Parent / guardian details (primary contact):

(Please indicate your preferred method of contact by ticking the appropriate box)

Given name: _____

Family name: _____

 Home phone: _____  Work phone _____

 Mobile phone: _____

 Email address: _____

Home address: Is home address same as child? Yes No (if no please enter your home address)

Street address: _____

Suburb: _____ State _____ Postcode: _____

Parent / guardian details:

(Please indicate your preferred method of contact by ticking the appropriate box)

Given name: _____

Family name: _____

 Home phone: _____  Work phone _____

 Mobile phone: _____

 Email address: _____

Home address: Is home address same as child? Yes No (if no please enter your home address)

Street address: _____

Suburb: _____ State _____ Postcode: _____

Parent/s / guardian work status: both parents/guardian (or the sole parent)

Working/Studying full time Stay at home for home duties

Working/Studying part time Other

Seeking work

Do you or your child hold a current Health Care Card? No Yes

How did you find out about Camp Hill Kindergarten?

- Word of mouth Flyer / brochure
- Existing C&K kindergarten Passed by a service
- Yellow pages C&K website
- White pages Internet search
- School Other (please specify): _____

Office use only:

Received by: _____ Date ___/___/___ Receipt # _____

What now:

Once your application and application fee are received you will be entered onto our waiting list for the appropriate year. The Kindergarten may contact you to discuss your application which may include a request for further information and / or clarification.

We shall contact you should a place become available. Offers of enrolment are made in July of the year prior to your commencement.

Please contact the Kindergarten should any of your details change.

For further information regarding your application please contact the Kindergarten. All contact details can be found via our website www.camphillkindy.org.au or please email the waiting list at admin@camphillkindy.org.au.

Purpose of collection: To be considered for a place at Camp Hill Kindergarten.

Intended recipients: Staff of Camp Hill Kindergarten.

Access / correction: Camp Hill Kindergarten staff or approved freedom of information requests.

Storage: Camp Hill Kindergarten's record management systems and archives.

Supply: A completed wait list application is required to be considered for a place at Camp Hill Kindergarten.

I / we have provided correct information and agree to notify Camp Hill Kindergarten if my / our circumstances change.

I / we understand that the information I / we provided is to be used for the purposes of being considered for a place at Camp Hill Kindergarten.

I / we understand that Camp Hill Kindergarten regards my / our information as confidential and has policies in place to ensure the protection of this information / we understand that this data may be for used statistical purposes.

Parent / guardian signature: _____ Date: D / M / Y

Parent / guardian signature: _____ Date: D / M / Y

