



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

KINDERGARTEN WAITING LIST APPLICATION

	Burleigh Heads	s Community Kinder	garten Non-Refundable Waiting List Fee \$40.00
	Kinderga		gh Heads Community Kindergarten t, Burleigh Heads 4220
 Lodge This for form for Please Once of the loce and st 	orm is a waiting list ap or each child. The da e ensure that all fields completed you can s dgement details secti tatistical purposes ation as soon as pose	es not guarantee you oplication form only. We te of entry on the wait is have been filled out ubmit this form by em on for further informat please ensure you cor sible.	ur child a place within our service We do not have a sibling policy; please submit a separate ing list is the receipt date for payment of the waiting list fee. using BLOCK LETTERS . ail or mail directly to the kindergarten. Please refer to ition. A range of information is gathered for legislative mplete all sections of this form to help us process your
Child's d	New applicat	ion 🗆	Amendment to existing application $\ \square$
•			
Child's fa	mily name:		
Country o	of birth:	Date of bir	th:
Child's ge Home add	ender: □ Female	\Box Male	

Child's details:							
Child's given name/s:							
Child's family name:							
Country of birth: Date of birth:							
Child's gender: Female Home address:							
Suburb:							
Is your child of Aboriginal descent?			No			Yes	
Is your child of Torres Strait Islander descent?			No			Yes	
First language:	Second langu	age (If applicab	le):				
Main language spoken at home	:						
Do you or your child hold a curr	ent Health Care Card?		No		Yes		
Are you a past family of Burleigh Heads Community Kindy? No \Box Yes \Box							
Year of commencement (ple	ease tick the relevant yea	ar):					
 2024 (child born 1 July 20 2025 (child born 1 July 20) 		□ 2027 (child					

□ 2026 (child born 1 July 2021 – 30 June 2022)

2028 (child born 1 July 2023 30 June 2024) Parent / guardian details (Please indicate your preferred method of contact by ticking the appropriate box):

Given name:			
Family name:			
ົ \square Home phone:	۵_		Work phone:
ົ □ Mobile phone:	E-máil		Email address:
Home address: Is home address same as c	hild? Y	′es	□ No □ (if no please enter your home address)
Street address:			
Suburb:	Sta	ate_	Postcode:
Parent / guardian details (Please indicate Given name:			ed method of contact by ticking the appropriate box):
Family name:			
ົ \square Home phone:			Work phone:
ີ □ Mobile phone:	E-mail		Email address:
Home address: Is home address same as c	hild? Y	′es	□ No □ (if no please enter your home address)
Street address:			
Suburb:	Sta	ate_	Postcode:
Application details:			
			s to facilitate a smooth transition for your child into intary and will be treated in accordance with the our
Is your child undergoing assessment for any	of the	bel	ow conditions?
Has your child been diagnosed with any of t If yes to one or more, please attach relevant details Any allergic condition (please specify):	5)		
Attention deficit disorder (ADD / ADHD)			
Epilepsy D Speech / language delays			
☐ If other please include relevant details:_			
Parent/s / guardian work status: both par	rents /	gua	rdian (or the sole parent)
Working full time / part time: Stadying full time / part time: Sea			
How did you find out about our kindy? Word of mouth Flyer / brochure Yellow pages White pages Other (please specify):	Existin ady Gov	ng L wrie	ady Gowrie Service
Burleigh Heads Community Kindergarten ha	s heen	SAI	wing the Burleigh Heads Community since 1961. We

Burleigh Heads Community Kindergarten has been serving the Burleigh Heads Community since 1961. We are a community kindergarten, affiliated with Lady Gowrie Queensland. The kindergarten is community managed. It is administered by an elected committee of parents, has an agreed constitution / set of rules, and is required to deliver an approved kindergarten program under the National Quality Framework with agreed adult / child ratios and group sizes, delivered by a qualified early childhood teacher and supported by adults who are sensitive to the needs of young children and who respect the value of play as a vehicle for learning. The program will take place within an environment of well-designed and safe buildings and playgrounds and close parent / teacher co-operation and communication.

Purpose of collection: To be considered for a place at the Burleigh Heads Community Kindergarten				
Intended recipients: Burleigh Heads Community Kindy				
Access / correction: Burleigh Heads Community Kindergarten staff or approved freedom of information requests.				
Storage: Lady Gowrie's record management systems and archives.				
Supply: A completed wait list application is required to be considered for a place at a Lady Gowrie kindergarten service.				
I / we have provided correct information and agree to notify the kindy 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 the Burleigh Heads Community Kindergarten.				
I / we understand that Burleigh Heads Community 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			

Wait list lodgement details:

Mail:PO BOX 118 BURLEIGH HEADS 4220Email:burleighheadskindy@gmail.comDrop in:12 Ocean Street, BURLEIGH HEADS 4220

To Pay the Waiting List Fee of \$40.00 per child

: Commonwealth Bank Direct Deposit

BSB: 064-404 A/C No: 10422029

Please note: Place child/ren's names in reference section

What now:

Once your application is received, the Kindergarten may contact you to discuss your application which may include a request for further information and / or clarification.

For further information regarding your application please contact the Kindergarten Director or Administrator on 07 5535 1557

OFFICE USE ONLY	Processed by:
Date received:	Date processed: