



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 Community Kindergarten Non-Refundable Waiting List Fee \$40.00

**Kindergarten name: Burleigh Heads Community Kindergarten
12 Ocean Street, Burleigh Heads 4220**

How to complete this form:

1. Lodgement of this **form does not guarantee** your child a place within our service
2. This form is a waiting list application form only. We do not have a sibling policy; please submit a separate form for each child. The date of entry on the waiting list is the receipt date for payment of the waiting list fee.
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. 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.

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: _____

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

Are you a past family of Burleigh Heads Community Kindy? No Yes

Year of commencement (please tick the relevant year)

- | | |
|---|---|
| <input type="checkbox"/> 2025 (child born 1 July 2020 – 30 June 2021) | <input type="checkbox"/> 2028 (child born 1 July 2023 – 30 June 2024) |
| <input type="checkbox"/> 2026 (child born 1 July 2021 – 30 June 2022) | <input type="checkbox"/> 2029 (child born 1 July 2024 – 30 June 2025) |
| <input type="checkbox"/> 2027 (child born 1 July 2022 – 30 June 2023) | |

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 / 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: _____

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 our 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 specify) Attention deficit disorder (ADD / ADHD)

Asthma Diabetes

Behavioural issues Epilepsy

Speech / language delays Autistic spectrum disorder

If other please include relevant details: _____

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

Working full time / part time	<input type="checkbox"/>	<input type="checkbox"/>	Either parent stays at home for home duties	<input type="checkbox"/>	<input type="checkbox"/>
Studying full time / part time	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Seeking work	<input type="checkbox"/>	<input type="checkbox"/>			

How did you find out about our kindy?

Word of mouth	<input type="checkbox"/>	Flyer / brochure	<input type="checkbox"/>
Existing Lady Gowrie Service	<input type="checkbox"/>	Passed by a service	<input type="checkbox"/>
Yellow pages	<input type="checkbox"/>	Lady Gowrie website	<input type="checkbox"/>
White pages	<input type="checkbox"/>	Internet search	<input type="checkbox"/>
School	<input type="checkbox"/>		
		Other (please specify): _____	<input type="checkbox"/>

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 4220

Email: burleighheadskindy@gmail.com

Drop in: 12 Ocean Street, BURLEIGH HEADS 4220

To Pay the Non-Refundable 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

Date received:

Processed by:

Date processed:

