

WAITING LIST APPLICATION

Broadbeach Waters Kindergarten

Affiliated with Lady Gowrie (QLD)



I wish to enter the following child's name on this Centre's Waiting List. The enrolment is for;

PRE-PREP YEAR _____

This is the year prior to attending Prep year at a state/private school.

For admission to our centre, the child must have their 4th birthday on or before the 30th June of the year of attendance. Children whose birthdays are from 1st July onwards are admitted the following year. Completion of this form does not guarantee a position at this centre. This centre does not have a Sibling Policy and a family's past attendance does not guarantee a position.

CHILD'S NAME: _____

DATE OF BIRTH: _____

PARENTS' / GUARDIANS' NAMES: _____

ADDRESS: _____

_____ **POST CODE:** _____

TELEPHONE: _____

EMAIL: _____

I render herewith the WAITING LIST FEE of \$25 and acknowledge the following conditions;

1. The fee paid will become the property of the Committee absolutely and will be non-refundable.
2. It is the responsibility of the parents / guardians to advise of any change of contact details.
3. The Administrator will contact the parents/guardians on the telephone number and/or email recorded at the time of enrolment.
4. In the event of no response within 7 days, the child's name will be removed from the list.
5. Any subsequent enrolment for that child will be treated in order of receipt and acceptance will depend on availability of positions.
6. Positions in specific groups are not guaranteed.

7. Any Additional Needs or further support your child may require during his/her enrolment are stated below;

If for any reason your child may need special assistance eg; special facilities, equipment or additional staff support, please notify the centre as soon as possible so that plans for facilities/funding can be applied for, in order to best meet the needs of your child.

Account Details for Direct Deposit - BROADBEACH WATERS KINDERGARTEN

BSB: 084 - 462 ACCOUNT NO: 55953 - 8071

Please reference: WAITING LIST & your NAME and email remittance to broadbeachwaterskindy@gmail.com

Parent / Guardian Signature: _____ **Date:** _____

OFFICE USE ONLY

RECEIPT NO: _____ **DATE:** _____

YEAR: _____ **SIGNATURE:** _____