



**Boondall Kindergarten Assoc Inc**  
**31 Carlyle Road, Boondall 4034**  
 phone - 3265 5439  
 email-admin@boondallkindy.com.au



## WAITING LIST APPLICATION

**CHILD'S NAME:**.....

**BIRTH DATE:**..... **MALE** **FEMALE**

**MOTHER'S/FATHER'S NAME:**.....

**ADDRESS:**.....

**TELEPHONE:**..... **MOBILE:**.....

**EMAIL ADDRESS:** .....

**LANGUAGES SPOKEN IN CHILD'S HOME:** **ENGLISH** **OTHER.....**

I render herewith the waiting list fee of \$10.00 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 to advise of any change of address.
3. The Director will contact the parents at the address recorded when enrolment is due.
4. In the event of no response to the approach (as detailed in 3 above) within 14 days, the child's name will be deleted from the list.
5. Any subsequent application for enrolment for that child will be treated in order of receipt and acceptance will depend on availability of positions.

**ADDITIONAL NEEDS:** Are there additional needs of which you are aware that your child may require during his/her enrolment at the centre?.....

*(If for any reason, your child may need special assistance eg. Special facilities, special equipment or additional staff, notify the centre as soon as possible so that the centre can plan for facilities/funding can be applied for, to best meet the needs of your child.)*

### PAYMENT DETAILS FOR ELECTRONIC FUND TRANSFER:

**Account Name:** Boondall Kindergarten Assoc. **BSB No.** 124 - 039 **Account no.** 22001112  
**Reference:** Your Childs name

**PARENT'S SIGNATURE:**.....

**HOW DID YOU HEAR ABOUT US?**.....

OFFICE USE:

**RECEIPT NO:**.....**DATE:**.....  
**YEAR:**.....**SIGNATURE:**.....