



Boondall Kindergarten Assoc Inc.  
31 Carlyle Road, Boondall 4034  
Phone: 3265 5439  
Email: admin@boondallkindy.com.au



## WAITING LIST APPLICATION

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

**DATE OF BIRTH:** .....  **MALE**  **FEMALE**  **UNSPECIFIED**

**PARENT/ GUARDIAN NAME/S:** .....

**ADDRESS:** .....

**PHONE (Mobile Preferred):** .....

**ALTERNATIVE PHONE (if applicable):** .....

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

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

**ADDITIONAL NEEDS:** Are there additional needs, of which you are aware, that may result in your child requiring additional support whilst enrolled at the Kindergarten? Please provide details \*\*

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*\*\* If your child may need special assistance eg. special facilities/ equipment, medical support or additional staff please notify the Kindergarten as soon as possible so that we can plan for facilities/support requirements. In some circumstances funding can be applied for to best support the needs of your child.*

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

I acknowledge the following conditions:

1. It is the responsibility of the parent/guardian to advise of any change of contact details. Updates should be made in writing via email/ written letter.
2. The primary contact for parents/guardians regarding enrolment offers shall be the email address recorded on this wait list form (or updated information as per 1 above).
3. In the event of no response to the approach (as detailed in 2 above) within the notified timeframe, an enrolment offer may be withdrawn and offered to the next child on the wait list.
4. Any subsequent application for enrolment for that child will be treated in order of receipt and acceptance will depend on availability of positions.

**PARENT/ GUARDIAN SIGNATURE:** .....

OFFICE USE:

**DATE RECEIVED** :..... **KINDY YEAR:**.....

**SIGNATURE:**.....