

VACATION CARE

This is a waiting list form expressing your interest in a placement for your child/ren aged between 6-12 years of age. As places are extremely limited, we will be offering spots to the first names on our list. All places will be offered out no later than two weeks before the holidays commence.

Holidays Required : June/July or September (please circle)

Days Required: Monday Tuesday Wednesday Thursday Friday

PERSONAL DETAILS:

Child 1

Child's Name: DOB.....

CRN Number: Male / Female

Child 2

Child's Name: DOB.....

CRN Number: Male / Female

Child 3

Child's Name: DOB.....

CRN Number: Male / Female

Family Details

Mothers Name: DOB:

Fathers Name: DOB:

Contact Number:

Email:

Children with medical and special care needs often have additional support requirements. It is vital that these needs are identified prior to enrolment as some modifications to services and resources may be necessary to best accommodate for all children in the setting.

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I /We understand that Redlynch Kindergarten will contact me via email when a position becomes available, I/We understand that if any of the above details change we must inform the staff or we may lose our spot.

SIGNATURE: _____ DATE: _____

A \$12 registration fee is payable within 7 days, after this time we cannot hold your child's details on file.

PAID / UNPAID

REDLYNCH KINDERGARTEN: www.redlynchkindy.com.au or redlynchkindy@bigpond.com