

Waiting List Application.

Redlynch Community Hall
Margaret Street
Redlynch.
Ph: 40551814.
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www.redlynchkindy.com.au

Child Information.

Child 1:

Surname: _____ Given Name: _____
Date of Birth: _____ Sex: _____

Child 2:

Surname: _____ Given Name: _____
Date of Birth: _____ Sex: _____

Child 3:

Surname: _____ Given Name: _____
Date of Birth: _____ Sex: _____

Family Information

Parent/ Carer 1: Name: _____
Home Phone: _____ Mobile: _____
Work Phone: _____ Email: _____
Address: _____ Postcode: _____

Parent/ Carer 2: Name: _____
Home Phone: _____ Mobile: _____
Work Phone: _____ Email: _____
Address: _____ Postcode: _____

Care Requirements.

Class Required: Raspberries Blueberries

Desired Start Date: _____

Comments:

Information to Support Care and Education.

To support care and education inclusion it is important that the centre knows if your child has any particular additional needs.

- () Immunisations up to date.
- () medically/ diagnosed / or suspect dietary _____
- () medically diagnosed/ or suspect illness _____
- () learning support required or need suspected _____
- () under care of medical specialist _____

Further

How did you hear about our centre?

Enrolment fee \$12.00 (non refundable)

Upon receipt of this completed form, together with the enrolment fee your child's name will be placed on the centre's waiting list.

Placing your child's name on the waiting list, is not a guarantee of a position.

To ensure we are able to contact you should a position arise, please keep your details current ie telephone numbers and addresses. If we are unable to contact you via information provided above, your child's name will be removed from the waiting list.

Signed: _____

Name: _____

Date: _____ (submitted to centre)

Office Use

Receipt Number _____ **Date:** _____

Staff member: _____

