

**WAITING LIST APPLICATION FOR
KINDERGARTEN PROGRAM**



PLEASE COMPLETE AND RETURN TO KAWANA KINDY IN PERSON, OR EMAIL THE KINDY

CHILD'S INFORMATION (Please Print)

Child's name:..... **Gender:**.....

Date of birth:.....

Kindergarten year of attendance: (Child turns 4 by June 30)

Preferred program attendance: (please circle)

*BLUE GROUP (M, TU) *YELLOW GROUP (ALT W, TH, F)

ARE YOU FLEXIBLE WITH GROUP/DAYS? Y / N

PARENT / GUARDIAN INFORMATION

Parent/guardian's name:.....

Address:.....

Phone number/s:

Email:.....

During their Kindergarten year will your child also attend another Kindy program? Y / N / Unsure

***If yes, or unsure, please provide more details (e.g. service attending/days/hours etc):**

.....

Are you aware of any additional support that your child may require during his/her enrolment at this centre? (this information helps us consider how we can best support your child if enrolled).

.....

How did you hear about our kindy? (please circle)

*A friend *Website *School Newsletter *Facebook *Other.....

Parent/Guardian

Signature..... **Date:**.....

OFFICE USE ONLY

Date Received:.....

Signed:.....