

EATONS HILL COMMUNITY KINDERGARTEN

APPLICATION FOR ENROLMENT

I wish to apply for the enrolment of my child at the Eatons Hill Community Kindergarten for the year 2020 and enclose the sum of \$30.00 for such interim enrolment.

The payment of the sum of \$30.00 does not bind the Kindergarten Association into accepting my child and I acknowledge this application does not bind the Kindergarten Association until such time as I have received notification from the Committee or the Director that my child has been accepted, which such notice of acceptance or otherwise shall be forwarded to me prior to 31 January 2020.

I hereby certify that I have read this Agreement and I agree to the conditions contained therein.

DATED this day of2018.

.....
 (Signature) (Relationship to child) (Witness)

This form will be recorded into our waiting list book once the kindergarten has received payment of \$30.00 and this completed application for enrolment form. Holding fee is non-refundable.

CHILD'S FULL NAME:		
ADDRESS:		
TELEPHONE NUMBER: (or name and phone number of persons willing to take a message)	HOME	WORK	
	MOBILE	EMAIL	
AGE:	DATE OF BIRTH:	
FATHER/GUARDIAN'S NAME:		
MOTHER/GUARDIAN'S NAME:		
NAMES AND AGES OF OTHER CHILDREN IN FAMILY:		
SPECIAL NEEDS FOR YOUR CHILD*:		

How did you find out about our centre? Internet search Driving past Recommended by another parent Qld Government Kindy Hotline Advertising Other

Should you wish to pay using internet banking our details are: BSB: 084 209, A/C: 486813131 please remember to place your surname and 'waitlist fee' as reference.

* Please note that the only reason we ask for this information at this point, is to ascertain whether a support worker is required to assist your child during the year. Any additional funding for this is applied for in the February the year your child attends the Centre. Your assistance would be greatly appreciated.