



C&K Pre-schooling
Professionals
Since 1907



Give your child the best start to life. Become a part of our kindergarten community and share something special.

Lowood Kindergarten waiting list application

Kindergarten name: Lowood & District Community Kindergarten

How to complete this form:

1. Lodgement of this **form does not guarantee** your child a place within a C&K service.
2. This form is a waiting list application form only. C&K does not have a sibling policy; please submit a separate form for each child.
3. Please ensure that all fields have been filled out using **BLOCK LETTERS**.
4. Once completed you can submit this form by fax, email or mail directly to the kindergarten. Please refer to the lodgement details section for further information.
5. A range of **information is gathered for legislative and statistical purposes** please ensure you complete all sections of this form to help us process your application as soon as possible.

Please tick which group you would prefer your child you be enrolled in. (Please note by ticking the box it does not guarantee position)

Group One (Mon, Tues alt Wed)

Group Two (alt Wed, Thurs, Fri)

Child's details:

Child's given name/s: _____

Child's family name: _____

Country of birth: _____ Date of birth: _____

Child's gender Male Female

Home address: _____

Home suburb: _____ State: _____ Postcode: _____

Is your child of Aboriginal descent? No Yes

Is your child of Torres Strait Islander descent? No Yes

First language: _____ Second language (If applicable): _____

Main language spoken at home: _____

Do you or your child hold a current Health Care Card? No Yes If so Expiry Date: _____

Year of commencement (please tick the relevant year)



- 2020 (child born 1 July 2015 – 30 June 2016) 2021 (child born 1 July 2016 – 30 June 2017)
 2022 (child born 1 July 2017 – 30 June 2018) 2023 (child born 1 July 2018 – 30 June 2019)

Parent / guardian details:

(Please indicate your preferred method of contact by ticking the appropriate box)

Given name: _____

Family name: _____

 Home phone: _____  Work phone _____

 Mobile phone: _____  Email address: _____

Home address: Is home address same as child? Yes No (if no please enter your home address)

Street address: _____

Suburb: _____ State _____ Postcode: _____

Would you be considering taking on a committee role? _____

Parent / guardian details:

(Please indicate your preferred method of contact by ticking the appropriate box)

Given name: _____

Family name: _____

 Home phone: _____  Work phone _____

 Mobile phone: _____  Email address: _____

Home address: Is home address same as child? Yes No (if no please enter your home address)

Street address: _____

Suburb: _____ State _____ Postcode: _____

Would you be considering taking on a committee role? _____

Application details:

The information you provide in this section will assist C&K to facilitate a smooth transition for your child into kindergarten. All responses to these questions are voluntary and will be treated in accordance with the C&K confidentiality and privacy policy.

Is your child undergoing assessment for any of the below conditions? No Yes

Has your child been diagnosed with any of the below conditions? No Yes

(If yes to one or more, please attach relevant details)

- | | | | |
|---|--------------------------|---|--------------------------|
| Any allergic condition – (please specific) | <input type="checkbox"/> | Attention deficit disorder (ADD / ADHD) | <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> |
| Behavioural issues | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> |
| Speech / language delays | <input type="checkbox"/> | Autistic spectrum disorder | <input type="checkbox"/> |

If other please include relevant details: _____

Parent/s / guardian work status: both parents / guardian (or the sole parent)

Working full time / part time	<input type="checkbox"/>	<input type="checkbox"/>	Either parent stays at home for home duties	<input type="checkbox"/>	<input type="checkbox"/>
Studying full time / part time	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Seeking work	<input type="checkbox"/>	<input type="checkbox"/>			

How did you find out about C&K Lowood & District Community Kindergarten?

Word of mouth	<input type="checkbox"/>	Flyer / brochure	<input type="checkbox"/>
Existing C&K kindergarten	<input type="checkbox"/>	Passed by a service	<input type="checkbox"/>
Yellow pages	<input type="checkbox"/>	C&K website	<input type="checkbox"/>
White pages	<input type="checkbox"/>	Internet search	<input type="checkbox"/>
School	<input type="checkbox"/>	Other (please specify): _____	<input type="checkbox"/>

Purpose of collection: To be considered for a place at a C&K kindergarten service.

Intended recipients: C&K staff and approved contractors of C&K Kindergarten Association.

Access / correction: C&K staff or approved freedom of information requests.

Storage: C&K's record management systems and archives.

Supply: A completed wait list application is required to be considered for a place at a C&K kindergarten service.

I / we have provided correct information and agree to notify C&K if my / our circumstances change.

I / we understand that the information I / we provided is to be used for the purposes of being considered for a place in a C&K kindergarten.

I / we understand that C&K regards my / our information as confidential and has policies in place to ensure the protection of this information / we understand that this data may be for used statistical purposes.

Parent / guardian signature: _____ Date: D / M / Y

Parent / guardian signature: _____ Date: D / M / Y



Wait list lodgement details:

Mail: PO Box 69, Lowood, QLD 4311

Fax: (07) 54261869

Email: admin@lowoodkindy.com

What now:

We will contact you should a place becomes available. Please contact the Kindergarten should any of your details change. Kindergarten waiting lists and enrolment offers are managed by the Kindergarten Director.

OFFICE USE ONLY

Date received:

Processed by:

Date processed: