



WAITING LIST FORM

I wish to place my child's name on the waiting list for Jamboree Community Kindergarten.

I agree to pay a waiting list fee of \$10.00 which is not refundable.

Child's Full Name: _____

Date of Birth: _____ Gender: _____

Parents Name: _____

Address: _____

Telephone: _____ Mobile: _____

Email Address: _____

*Starting Year: _____ Receipt Number: _____

*2018 (children born 1st July 2013 - 30th June 2014)

*2019 (children born 1st July 2014 – 30th June 2015)

*2020 (children born 1st July 2015 – 30th June 2016)

*2021 (children born 1st July 2016 – 30th June 2017)

*2022 (children born 1st July 2017 – 30th June 2018)

Does your child have any additional needs/allergies that will need to be taken into consideration? **No/Yes**

If yes please explain: _____

Please note: This information is important for consideration for the training of staff, the purchasing of specialised equipment and funding applications.

How did you hear about us: _____

Parent's Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Bank Details: BSB: 124 018 Account Number: 10360824 Please use child's name as reference.

Please note Conditions of Enrolment.

1. This application only places your child's name on a waiting list; it does not guarantee a position.
2. Always keep the Centre informed of your current address and phone number.
3. It is a policy of the Centre that children attending the Centre are strongly encouraged to be fully immunised.
4. It is strongly advised that you discuss your particular child's needs with the director/teacher at the point of enrolment.