



Date of Application:

----/----/----

# Kinder 2019 Application

(This is not a guarantee of enrolment)

## Childs Details

First Name:..... Last Name:.....  
 Gender: M  F  Date of Birth:.....

## Parent / Guardian 1

First Name:..... Last Name:.....  
 Relationship to the child:..... Gender: M  F  Date of Birth:.....  
 Address:.....  
 Telephone: (H) .....(W)..... Mobile:.....  
 Email:.....  
 Does the child live with Parent/Guardian 1? Yes  No

Work Details: (please circle)

<b>Working</b>	Full time	Part time	Casual
<b>Studying</b>	Full time	Part time	Casual
<b>At home</b>	Looking for work	Parent/maternity leave	Home duties

## Parent / Guardian 2

First Name:..... Last Name:.....  
 Relationship to the child:..... Gender: M  F  Date of Birth:.....  
 Address:.....  
 Telephone: (H) .....(W)..... Mobile:.....  
 Email:.....  
 Does the child live with Parent/Guardian 1? Yes  No

Work Details: (please circle)

<b>Working</b>	Full time	Part time	Casual
<b>Studying</b>	Full time	Part time	Casual
<b>At home</b>	Looking for work	Parent/maternity leave	Home duties

**Care requirements:** (operating hours of Long Day Care 6:30am -6:00pm)

---

Please circle preferred days:

Monday    Tuesday    Wednesday    Thursday    Friday

Please give an estimated time of drop off and pick up:

.....

Are you flexible with the days your child/s is able to attend?    Yes / No

**Other Information**

---

Is there any additional information about your child, including medical conditions or additional needs that we might need to know?

.....  
.....  
.....  
.....

Do you have any concerns about their readiness for kindergarten?

.....  
.....  
.....  
.....

I acknowledge that all information supplied on this form is correct at the time of signing.

Signed.....    Date.....