

OFFICE USE: Date received

Receipt Number:



Lady Gowrie^{QLD}
Community
Kindergartens

Pioneer Community Kindergarten *Waiting List Application*



Child's Name:

Date of Birth :

Male / Female

Year of entry (child must be four by 30th June):

Parent/Guardian 1:

Occupation:

Parent/Guardian 2:

Occupation:

Address for correspondence:

Phone Hm:

Phone Mb:

Email:

Does your child have any known learning difficulties or special needs? _____

How did you hear about our Centre?

Word of mouth Website Face book Other _____

Older sibling attended Name: _____ Year: _____

I wish to place my child on the Kindergarten waiting list as indicated above.
I agree to pay the administration fee either by cash, cheque or direct deposit.
(Please provide a copy of the receipt if you have paid by direct deposit.)

- 2018-\$10.00 2021-\$10.00
- 2019-\$10.00 2022-\$10.00
- 2020 - \$10.00 Family application fee
(two or more applications at the same time - \$15.00)

I am interested in: **BEFORE** Kindergarten Care **AFTER** Kindergarten Care

Account Details:

Pioneer Community Preschool & Kindergarten
Bank of Queensland
BSB: 124 001
Account No.: 100 084 644

*I understand this fee is non-refundable.
I agree to notify the centre of any change in our details.*

Signed: _____

Date: _____