

Pioneer Community Kindergarten Waiting List Application



Child's details

First name:..... Family name:.....
Date of birth:..... Female Male
Identify as: Aboriginal Torres Strait Islander None Please write in **BLOCK LETTERS**

Parent/Guardian details

Parent/Guardian (1)

First name:..... Family name:.....
Relationship to child:..... Occupation:.....
Mobile:..... Phone (other):.....
Email:.....

Parent/Guardian (2)

First name:..... Family name:.....
Relationship to child:..... Occupation:.....
Mobile:..... Phone (other):.....
Email:.....

Address for correspondence

Address:.....
Suburb:..... Postcode:.....

Additional needs/Medical Conditions

Are you concerned with any aspects of your child's development? Do they have a diagnosed medical condition?
ie. Speech / hearing / fine motor skills / social or emotional development / additional needs?

YES NO Please specify:.....
Does your child have: Anaphylaxis Asthma Allergies Epilepsy Diabetes
 Other Please specify:.....

About our Centre?

How did you hear about our Centre?

Word of mouth Website Facebook Other:.....
Older sibling attended Name:..... Year:.....

Waiting List – Year of Entry

I wish to place my child on the Pioneer Community Kindergarten – Waiting List.
I agree to pay the application fee of \$10.00 or the family application fee (two or more applications at the same time - \$15.00) either by cash or direct deposit.

Year of entry:

2021 (1st July 2016 to 30th June 2017) 2024 (1st July 2019 to 30th June 2020)
 2022 (1st July 2017 to 30th June 2018) 2025 (1st July 2020 to 30th June 2021)
 2023 (1st July 2018 to 30th June 2019) Family application

Account Details

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

Parent/Guardian Statement
*I understand this fee is non-refundable.
I agree to notify the centre of any change/s our details.*

Signed: **Date:**

Pioneer Community Kindergarten
PH: 07 4942 3340 Email: admin@pioneerkindy.org.au
10 High Street NORTH MACKAY QLD 4740