



Mott Park Kindergarten Association Inc.

880 Logan Road HOLLAND PARK QLD 4121 Phone: 07 3397 9119

Email: admin@mottparkkindy.org.au



WAITING LIST FORM

Please read before completing this form

1. Lodgement of this form does not guarantee your child will be offered a place.
2. This form is a wait list application only. If your child is offered a place, we will ask you to complete an Enrolment booklet to formalise the enrolment for your child.
3. Please submit a separate form for each child.
4. Once completed, please submit by email, mail directly to the centre or dropping the form into the kindy.
5. A range of information is gathered for legislative purposes. Please complete all sections of this form to help us process your application as soon as possible.
6. Your child's name can only be entered onto the waiting list once payment and form have been received.

New application Amendment to an existing application

Child's details

First name: _____ Last name: _____

Date of birth: _____ Gender: Male Female

Home address: _____

Suburb: _____ State: _____ Postcode: _____

Primary Language spoken at home _____

Year of commencement – please tick the relevant year according to your child's date of birth

- | | |
|-----------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> 2022 (born 1 July 2017 – 30 June 2018) | <input type="checkbox"/> 2025 (born 1 July 2020 – 30 June 2021) |
| <input type="checkbox"/> 2023 (born 1 July 2018 – 30 June 2019) | <input type="checkbox"/> 2026 (born 1 July 2021 to 30 June 2022) |
| <input type="checkbox"/> 2024 (born 1 July 2019 – 30 June 2020) | <input type="checkbox"/> 2027 (born 1 July 2022 to 30 June 2023) |
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Parent/guardian 1

First name: _____ Last name: _____

Relationship to child: _____

Contact phone Home: _____ Contact phone Mobile: _____

Email address: _____

Parent/guardian 2

First name: _____ Last name: _____

Relationship to child: _____

Contact phone Home: _____ Contact phone mobile: _____

Email address: _____

Does your child have and additional needs or medical conditions or see a specialist including speech or Occupation Therapist or a Pediatrician? Yes No

If YES, please provide details below. This information will be used to support your child once an enrolment offer is made. _____

Waiting list fee (waived for Health Care Card and Pension Card holders)

Mott Park Kindergarten has an \$20-00 fee to place your child’s name on our waiting list. This is a non-refundable administration fee. The prescribed fee can be paid via internet banking, cash or cheque.

Families who hold a Health Care Card or Pension Card are welcome to place their child’s name on our waiting list free of charge. Please email a copy of your card when submitting your application.

Bank account details for internet banking:

Commonwealth Bank BSB: 064112 Account Number: 00902648.

Please include your child’s name as the reference.

Waitlist application agreement

- I have provided correct information and agree to notify Mott Park if my circumstances change.
- I understand that the information I have provided will be used for the purposes of being considered for a place at Mott Park Kindergarten
- I understand that Mott Park regards my information as confidential and has policies in place to ensure the protection of this information.
- I understand that this data may be used for statistical purposes.
- I am the legal guardian of the child and have authority to provide information contained in this form.
- I acknowledge that by completing this waiting list application it does not confirm a placement at this service
- I understand that my child’s name will not be entered onto the waiting list until both the fee and form have been received by Mott Park Kindy.

Parent / guardian signature: _____ Date: _____
