

Chapel Hill Community Kindergarten



27 Fawkner Street, Chapel Hill, 4069 Phone: 07 3378 2008 <a href="mailto:cmailto:email

ffice Use Only: Kindy: Pre-Kindy: Application for Waiting List		
I hereby apply for membership of Chapel Hill Co I understand that my child's name will be placed		
Child's Given Name/s:	Surna	me:
Gender: Male Female	Unspecified Date of	of Birth:
Parents(s)/Caregiver(s) Full Names:		
Home address:		
Suburb:	State:	Postcode:
Email address Parent 1:	Email address Parent 2:	
Mobile Parent 1:	Mobile Parent 2:	
Home or Work Phone Parent 1:	Home or Work Pho Parent 2:	one
Occupation of Parent: (1) (Present or previous)	Occupation of Paren (Present or previous	
I would like my child to be offered a Pre-Kinderg	arten place if possible	YES / NO (Please circle)
Have you had any children previously attend Ch If Yes, Name: To best cater for your child/children, are you aw	rear: Name:	YES / NO (Please circle) Year: require support during his/her enrolment:
Discount with the continue to the continue to	to also also and decrease the control of the contro	
Please note: this information is obtained to assist us Where did you hear about us? Word of mouth		
Any other additional information:		
* I have paid the sum of \$10 - Waitlist Fee (by EFT) being the charge for membership of the Association for the unbroken period during which a child or children of mine have their names on the waiting list or are attending the Kindergarten.		
Account Name: Chapel Hill Community Preschool and Kindergarten Inc BSB: 124-029 Account No: 22448450 Ref: 'WL Fee and Surname'.		
* If you prefer to visit our centre to pay by cash, you are welcome do so. Children are added to the waitlist when both this <i>Application for Waiting List</i> form has been provided and the Waitlist Fee payment has been received.		
Waitlist Policy: Please note we offer kindergarten places to fam 1. Current Kindy children at Chapel Hill who are delay 2. Current Pre-Kindy children who have attended all t	nilies in this order: ying exit from Kindy into Prep. terms.	our waiting list from the date payment is received i.e. our
I hereby agree that I have read the Waitlist Police		ade in accordance with our Waitlist Policy and lodgement ail. Please advise us of any changes to contact details.
Signed:	Date:	
Information on this form is considered Confidential and will only be used for the purpose for which it is intended.		
Office use only Receipt No: Paper Entry:	Computer Entry:	Waitlist Date/Payment Received: