



Dayboro Community Kindergarten WAITING LIST FORM

I/We hereby make application to enter my/our child's name on the Waiting List to enter Kindergarten in _____.

CHILD'S FULL NAME: _____

DATE OF BIRTH: ____/____/____

Please list any Special Entry Circumstances:

- Are you aware of any additional support that your child may require during his/her enrolment at the Centre.
- If, for any reason, your child may need special assistance eg. special equipment or additional support staff, notify the Centre as soon as possible so that the Centre can plan for facilities/apply for funding to best meet the needs of your child.

Parent 1 Name: _____ **Parent 2 Name:** _____

Mobile: _____ **Mobile:** _____

Email: _____ **Email:** _____

Postal Address: _____

Signatures: _____

Office Use Only – Dayboro Community Kindergarten Association Incorporated

DATE RECEIVED: ____/____/____ **NAME ENTERED:** _____

SIGNATURE: _____