**A close up of a logo

Description automatically generated**



***Give your child the best start to life. Become a part of our kindergarten community and share something special.***

**Kindergarten waiting list application**

***Burleigh Heads Community Kindergarten Waiting List Fee $30.00 per child***

**Kindergarten name: Burleigh Heads Community Kindergarten**

**12 Ocean Street, Burleigh Heads 4220**

**How to complete this form:**

1. Lodgement of this **form does not guarantee** your child a place within our service
2. This form is a waiting list application form only. We do not have a sibling policy; please submit a separate form for each child. The date of entry on the waiting list is the receipt date for payment of the waiting list fee.
3. Please ensure that all fields have been filled out using **BLOCK LETTERS.**
4. Once completed you can submit this form by email or mail directly to the kindergarten. Please refer to the lodgement details section for further information. A range of **information is gathered for legislative and statistical purposes** please ensure you complete all sections of this form to help us process your application as soon as possible.

**New application** 🞎 **Amendment to existing application** 🞎

**Child’s details:**

Child’s given name/s

Child’s family name:

Country of birth Date of birth:

Child’s gender Male 🞎 Female 🞎

Home address:

Home suburb: State: Postcode:

Is your child of Aboriginal descent? No 🞎 Yes 🞎

Is your child of Torres Strait Islander descent? No 🞎 Yes 🞎

First language: Second language (If applicable):

Main language spoken at home:

Do you or your child hold a current Health Care Card? No 🞎 Yes 🞎

Are you a past family of Burleigh Heads Community Kindy? No 🞎 Yes 🞎

**Year of commencement** (please tick the relevant year)

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| 🞎 2020 (child born 1 July 2015 – 30 June 2016) | 🞎 2023 (child born 1 July 2018 – 30 June 2019) |
| 🞎 2021 (child born 1 July 2016 – 30 June 2017) | 🞎 2024 (child born 1 July 2019 – 30 June 2020) |
| 🞎 2022 (child born 1 July 2017 – 30 June 2018) | 🞎 2025 (child born 1 July 2020 – 30 June 2021) |
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| **Parent / guardian details:**  **(Please indicate your preferred method of contact by ticking the appropriate box)**  Given name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Family name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🕿 🞎Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🕿 🞎 Work phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🕿 🞎 Mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_http://www.uibk.ac.at/sprachen-literaturen/sprawi/pics/EmailIcon03.gif 🞎 Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home address: Is home address same as child? Yes 🞎 No 🞎 (if no please enter your home address)    Street address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Suburb:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_Postcode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Parent / guardian details:**  **(Please indicate your preferred method of contact by ticking the appropriate box)**  Given name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Family name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🕿 🞎Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🕿 🞎 Work phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🕿 🞎 Mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ http://www.uibk.ac.at/sprachen-literaturen/sprawi/pics/EmailIcon03.gif 🞎 Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home address: Is home address same as child? Yes 🞎 No 🞎 (if no please enter your home address)    Street address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Suburb:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_Postcode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Application details:**  The information you provide in this section will assist us to facilitate a smooth transition for your child into kindergarten. All responses to these questions are voluntary and will be treated in accordance with the our privacy policy.  Is your child undergoing assessment for any of the below conditions? No 🞎 Yes 🞎  Has your child been diagnosed with any of the below conditions? No 🞎 Yes 🞎  (**If yes to one or more, please attach relevant details)**   |  |  |  |  | | --- | --- | --- | --- | | Any allergic condition – (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 | Attention deficit disorder (ADD / ADHD) | 🞎 | | Asthma | 🞎 | Diabetes | 🞎 | | Behavioural issues | 🞎 | Epilepsy | 🞎 | | Speech / language delays | 🞎 | Autistic spectrum disorder | 🞎 |   If other please include relevant details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Parent/s / guardian work status: both parents / guardian (or the sole parent)**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Working full time / part time | 🞎 | 🞎 | Either parent stays at home for home duties | 🞎 | 🞎 | | Studying full time / part time | 🞎 | 🞎 | Other | 🞎 | 🞎 | | Seeking work | 🞎 | 🞎 |  |  |  |   **How did you find out about our kindy?**   |  |  |  |  | | --- | --- | --- | --- | | Word of mouth | 🞎 | Flyer / brochure | 🞎 | | Existing Lady Gowrie Service | 🞎 | Passed by a service | 🞎 | | Yellow pages | 🞎 | Lady Gowrie website | 🞎 | | White pages | 🞎 | Internet search | 🞎 | | School | 🞎 | Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 |   *Burleigh Heads Community Kindergarten has been serving the Burleigh Heads Community since 1961. We are a community kindergarten, affiliated with Lady Gowrie Queensland. The kindergarten is community managed. It is administered by an elected committee of parents, has an agreed constitution / set of rules, and is required to deliver an approved kindergarten program under the National Quality Framework with agreed adult / child ratios and group sizes, delivered by a qualified early childhood teacher and supported by adults who are sensitive to the needs of young children and who respect the value of play as a vehicle for learning. The program will take place within an environment of well-designed and safe buildings and playgrounds and close parent / teacher co-operation and communication*.  **Purpose of collection**: To be considered for a place at the Burleigh Heads Community Kindergarten  **Intended recipients**: Burleigh Heads Community Kindy  **Access / correction**: Burleigh Heads Community Kindergarten staff or approved freedom of information requests.  **Storage:** Lady Gowrie’s record management systems and archives.  **Supply:** A completed wait list application is required to be considered for a place at a Lady Gowrie kindergarten service.  I / we have provided correct information and agree to notify the kindy if my / our circumstances change.  I / we understand that the information I / we provided is to be used for the purposes of being considered for a place at the Burleigh Heads Community Kindergarten.  I / we understand that Burleigh Heads Community Kindergarten regards my / our information as confidential and has policies in place to ensure the protection of this information / we understand that this data may be for used statistical purposes.  Parent / guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: D / M / Y  Parent / guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: D / M / Y  **Wait list lodgement details:**  Mail: PO BOX 118 BURLEIGH HEADS 4220  Email: burleighheadskindy@gmail.com  Drop in: 12 Ocean Street, BURLEIGH HEADS 4220  **To Pay the Waiting List Fee of $30.00 per child**  : Commonwealth Bank Direct Deposit  BSB: 064-404 A/C No: 10422029  **Please note: Place child/ren’s names in reference section**  **What now:**  Once your application is received, the Kindergarten may contact you to discuss your application which may include a request for further information and / or clarification.  For further information regarding your application please contact the Kindergarten Director or Administrator on 07 5535 1557   |  |  | | --- | --- | | **OFFICE USE ONLY** | **Processed by:** | | **Date received:** | **Date processed:** | |
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