

Aspley East Kindergarten

Waiting List Application

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

Aspley East Kindergarten &
Preschool Association Inc
ABN: 29 296 465 442
12 Clorane Street West, Aspley
PO Box 31 Aspley QLD 4034
Phone: 07 3263 3292
Email: admin@aspleyeastkindy.com.au
www.aspleyeastkindy.com.au

Child's given name/s _____

Child's family name: _____

Date of birth: _____ Child's gender Male Female

Home address: _____

Home suburb: _____ State: _____ Postcode: _____

Year of commencement (please tick the relevant year)

- | | |
|---|---|
| <input type="checkbox"/> 2020 (child born 1 July 2015 – 30 June 2016) | <input type="checkbox"/> 2023 (child born 1 July 2018 – 30 June 2019) |
| <input type="checkbox"/> 2021 (child born 1 July 2016 – 30 June 2017) | <input type="checkbox"/> 2024 (child born 1 July 2019 – 30 June 2020) |
| <input type="checkbox"/> 2022 (child born 1 July 2017 – 30 June 2018) | <input type="checkbox"/> 2025 (child born 1 July 2020 – 30 June 2021) |

Parent/guardian details:

Mother's Name: _____ Phone: _____

Email Address: _____

Father's Name: _____ Phone: _____

Email Address: _____

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 C&K Confidentiality and Privacy Policy.

Please note: *This information is requested to assist the centre in long-term planning for the successful inclusion of the child with additional needs. The information obtained will not be used to deny or delay enrolment of the child involved.*

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

- | | |
|--|--|
| Any allergic condition (please specify) <input type="checkbox"/> | Attention deficit disorder (ADD / ADHD) <input type="checkbox"/> |
| Asthma <input type="checkbox"/> | Diabetes <input type="checkbox"/> |
| Behavioural issues <input type="checkbox"/> | Epilepsy <input type="checkbox"/> |
| Speech / language delays <input type="checkbox"/> | Autistic spectrum disorder <input type="checkbox"/> |

If other, please include relevant details: _____

Please turn over



What now:

A completed Waiting List application and payment of the fee (\$11.00 per child) is required to be considered for a place at C&K Aspley East Kindergarten. I understand that C&K Aspley East Kindergarten regards my/our information as confidential and has policies in place to ensure the protection of this information.

I/we understand that this information may be used for the purposes of being considered for a place at C&K Aspley East Kindergarten. Please complete a separate application form for additional children.

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. We will contact you should a place become available.

Please contact the Kindergarten should any of your details change. Kindergarten waiting lists and enrolment offers are managed by the Director.

Date: _____

Returning your completed form and payment options:

Complete this application **on-line** and submit via email to admin@aspleyeastkindy.com.au

Direct Deposit the fee (\$11 per child) into the Kindergarten's bank account. Details below:

Bank of Queensland
BSB: 124 001
Account Number: 10185542
Name of Account: Aspley East Kindergarten & Preschool
Reference: Your child's name

OR Mail Please make your cheque or money order payable to:
Aspley East Kindergarten & Preschool and send it with the Waiting List Application Form
to: Aspley East Kindergarten & Preschool
PO Box 31, ASPLEY QLD 4034

OR Visit the Kindergarten – any day except Wednesday, after 9.30am and before 1.00pm and bring the form with you. **EFTPOS facilities are available.**



Please tell us about your experience with joining our wait list by sharing your thoughts via our short survey. Scan the QR code or use the link below to complete the survey. Thank you!

[Aspley East Kindergarten: Short feedback survey](#)

OFFICE USE ONLY

Date received:.....

Receipt Number:.....