Aspley East Kindergarten
12 Clorane Street West, Aspley QLD 4034
PO Box 31, ASPLEY QLD 4034
E: admin@aspleyeastkindy.com.au
W: www.aspleyeastkindy.com.au

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

Child's Details:

Child's first name:_____

Child's last name:_____

Date of birth: _____Child's gender: ☐ Male ☐ Female ☐ Non-Binary/Unspecified

Home street address:_____

Home suburb:_____ State:_____ Postcode:_____

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

☐ 2026 (child born 1 July 2021 – 30 June 2022)	☐ 2029 (child born 1 July 2024 – 30 June 2025)
☐ 2027 (child born 1 July 2022 – 30 June 2023)	☐ 2030 (child born 1 July 2025 – 30 June 2026)
☐ 2028 (child born 1 July 2023 – 30 June 2024)	☐ 2031 (child born 1 July 2026 – 30 June 2027)

Parent 1/guardian details:

First Name: _____ Last Name: _____

Relationship to child: _____ Mobile phone number: _____

Email Address: _____

Parent 2/guardian details:

First Name: _____ Last Name: _____

Relationship to child: _____ Mobile phone number: _____

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 tick)	☐	Attention deficit disorder (ADD / ADHD)	☐
Asthma	☐	Diabetes	☐
Behavioural issues	☐	Epilepsy	☐
Speech / language delays	☐	Autistic spectrum disorder	☐

If other, please include relevant details: _____

Please turn over

What now:

A completed Waiting List application 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.

Signature: _____ Date: _____

Returning your completed form:

To complete this application **on-line** go to**:** www.aspleyeastkindy.com.au and fill out the 'Application for Waiting List' form found under the 'Enrol' tab and submit via email to: admin@aspleyeastkindy.com.au

OR

Come for a visit and fill out the form whilst you are here.

Please call 07 3263 3292 (between 9:00am and 2:00pm) or email: admin@aspleyeastkindy.com.au to arrange a suitable to time.

We look forward to meeting you.

How did you find out about Aspley East Kindy?

☐ Word of mouth
☐ Flyer/brochure
☐ Social Media: please specify: _____
☐ Existing C&K service
☐ Yellow pages
☐ Other – please specify: _____