

ENR.001 Wait List Application



Child's Full Name					
Other name(s) your child is known by					
Date of Birth		Year for enrolr	nent	Gender N	1 🗌 F 🗌
Country of birth					
Parent/Guardian Full Name					
Parent/Guardian Contact Numbers					
Home address					
Email Address					
Booking Preferences Please check the box for each day you we times underneath.	ould like your child to a	ttend on a routin	e basis and write a	approximate arri	val and departure
Days	Monday	Tuesday	Wednesday	Thursday	Friday
Standard Operational Hours					
Approximate Arrival Time					
Approximate Departure Time					

Please note that the completion of this form does NOT secure a place; your child's name will be added to our waiting list and a place offered according to date received and the age of your child, in accordance with our policies and guidelines. Priority age group for Kindergarten will be children who are 3.5 to 4.5 years of age as at 31st December of the year prior to enrolment in kindergarten. These are the children who will be Prep eligible the year after kindergarten.

The Waiting List Application Fee (as per the Service's Fee Schedule) must be paid upon submission of this application.

Parent/Guardian signature		Date
*Office use only		
Date application received:	Waiting list fee paid	