



## Waiting List Application

### Child's Information

**Last Name:** \_\_\_\_\_ **Given Name/s:** \_\_\_\_\_

**Gender:** Male  Female  **Date of Birth:** \_\_\_\_\_

**Year to start Kindy:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Session Preference:** Group A  Group B

Sessions Available:

Group A: Monday and Tuesday 8am – 3.30pm

Group B: Thursday and Friday 8am – 3.30pm

Do you feel your child may require extra assistance at Kindy?

No  Yes (if yes, please specify)

07 46711 070

gdikindy@bigpond.net.au

66 Albert Street  
Goondiwindi Q 4390





**Parents's Information**

	Parent /Guardian 1	Parent/Guardian 2
Title		
First Name		
Last Name		
Phone number		
Marital Status		
Occupation		
Work Name		
Work Address		
Work Phone		

Parent/Guardian signature: \_\_\_\_\_

Please enclose a \$5.50 waiting list fee

<b>OFFICE USE ONLY</b>
Waiting List Fee Paid: Yes <input type="checkbox"/> No <input type="checkbox"/>
Date received: _____
Staff signature: _____