



"to find one's life compass..."

### Waiting List Application

A Waiting List deposit of \$20.00 (GST inclusive) (non-refundable). One waitlist fee per family. Thank-you.

<b>OFFICE USE ONLY</b>		<u>Eligible Enrolment Years</u>	
Date Received:	<input type="checkbox"/> Entered Waitlist Tracker	DATE	<b>PK:</b>
	<input type="checkbox"/> Entered Waitlist Email contact	DATE	<b>K:</b>

**CHILD DETAILS:**

FIRST NAME ..... LAST NAME:..... DATE OF BIRTH: ..... Gender : M F

ADDRESS: ..... P/code .....

Have your child previously been in care: YES NO If Yes, please provide details: .....

ANY SIBLINGS WHO ATTENDED CAMPUS KINDERGARTEN: YES NO

If Yes, Name:.....YEAR ATTENDED: .....

INCLUSION: Campus Kindergarten has a policy of inclusion for all children. Forward planning for inclusion is important in order to access additional funding for staffing. Please help us to understand if your child has any additional needs:  
.....

**PARENT/GUARDIAN**

Name .....

Date of Birth.....

Occupation .....

Place of work .....

UQ Staff or Student: YES NO - ID #.....  
~ If yes, You Must Provide Staff/Student Number ~

Mobile phone .....

E-mail: .....

**PARENT/GUARDIAN**

Name .....

Date of Birth.....

Occupation .....

Place of work .....

UQ Staff or Student YES NO – ID# .....  
~ If Yes, You Must Provide Staff/Student Number ~

Mobile phone .....

E-mail: .....

**Please Note:** Information provided on this waiting list form may be shared with the University of Queensland for childcare purposed only.

I, \_\_\_\_\_ Full Name \_\_\_\_\_ DO give consent DO NOT give consent for the above information shared with University of Queensland for Childcare purposed only.

**DETAILS OF PROGRAM REQUIRED** Expected start date ..... (Child must be 2½ year by 1<sup>st</sup> Jan)

GROUP REQUIRED (please circle)

3 day group (Mon, Tues, Wed)      2 day group (Thurs, Fri)      5 day group (Mon - Fri)

**Campus Kindergarten operates an optional Vacation Care program during school holidays and closes for four (4) weeks over December-January.**





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**How did you hear about Campus Kindergarten?**

- 1. Newspaper advertisement
- 2. Website
- 3. Word of mouth
- 4. Centre located in my neighbourhood
- 5. Centre Event
- 6. Social Media
- 7. Other.....

**WHAT ARE YOUR FAMILIES CARE REQUIREMENTS?**

- 1. Convenient hours
- 2. Convenient location
- 3. Well maintained facilities
- 4. Friendly staff
- 5. High Quality Early Childhood Education program
- 6. Other.....

PARENT'S NAME : .....SIGNATURE .....DATE: .....

PARENT'S NAME : .....SIGNATURE .....DATE: .....

**BANK ACCOUNT DETAILS:**

**Bank:** Commonwealth Bank

**Account Name:** Campus Kindergarten

**Account Number:** 0009 0198      **BSB:** 064-158

**REF:** Please use your child's name as the reference

**Swift code:** CTBAAU2S (International transactions)

**OFFICE USE ONLY**

Waitlist Deposit Paid:      Yes      /      No      Date: .....      N/A

Method of Payment:      Credit Card      EFT      Direct Deposit      (Circle one)

**COMMENTS/ NOTES:**


