

Campus Kindergarten Waiting List Application



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

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

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

CHILD DETAILS:	OR Expected Due Date:
FIRST NAME	LAST NAME:.....
DATE OF BIRTH:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS: P/code	
Have your child previously been in care: <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please provide details:	
Any Siblings Who Attended Campus Kindergarten: <input type="checkbox"/> YES <input type="checkbox"/> 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:	

<u>PARENT/GUARDIAN</u>
Name
Date of Birth.....
Occupation
Place of work
UQ Staff or Student: <input type="checkbox"/> YES <input type="checkbox"/> NO - ID #..... <i>~ If yes, You Must Provide Staff/Student Number ~</i>
Mobile phone
E-mail:

<u>PARENT/GUARDIAN</u>
Name
Date of Birth.....
Occupation
Place of work
UQ Staff or Student: <input type="checkbox"/> YES <input type="checkbox"/> NO - ID# <i>~ If Yes, You Must Provide Staff/Student Number ~</i>
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.

<u>DETAILS OF PROGRAM REQUIRED</u>	Expected start date.....(Child must be 2½ year by 1 st Jan)
GROUP REQUIRED (please circle)	
<input type="checkbox"/> 3 day group (Mon, Tues, Wed)	<input type="checkbox"/> 2 day group (Thurs, Fri)
	<input type="checkbox"/> 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 :SIGNATUREDATE:

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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)

<u>OFFICE USE ONLY</u>					
<u>Waitlist Deposit Paid:</u>	Yes	/	No	Date:	N/A
<u>Method of Payment:</u>	Credit Card	EFT	Direct Deposit	(Circle one)	

COMMENTS/ NOTES:

