

Milford Street, Ipswich QLD 4305

XXXXXXXXXXXXXXXXXXXX

P.O. Box 4299, Raceview QLD 4305

Telephone: (07) 3281 1585

Email: ipswichkindergarten@bigpond.com



APPLICATION FOR ENTRY ONTO WAITING LIST

Date:/...../.....

Child's Name _____ Gender _____

Child's Date of Birth _____

Current Address _____

Telephone Number/s _____

Email Address _____

Parent/Guardian 1 _____

Parent/Guardian 2 _____

Signature of Parents/Guardians _____

Do you identify your child as Aboriginal, Torres Strait Islander or Australian South Sea Islander descent?

No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, South Sea Islander ☐

Do you hold a Health Care Card (naming the enrolled child) / Pensioner Concession Card / Department of

Veteran's Affairs Gold or White Card – Yes ☐ / No ☐ Number _____ Exp Date _____

To assist us in supporting the needs of your child, are they attending any of the following:

Speech Therapy ☐ Occupational Therapy ☐ Physiotherapy ☐ Pediatrician ☐

Is there any further information you wish to advise us so that we can assist your child.

Please advise the centre if your contact details change at any time from the above details to ensure our waiting list is kept up to date.

Office use only

Date of entry onto waiting list _____

For Children, For Choice, For Change