

## **Waiting List Application - \$10 per child**

Child's Name: .....  
(Given Name) (Surname)

Child's Preferred name: ..... Child's Sex: *Male / Female (please circle)*

Child's Date of Birth: ..... / ..... / ..... Country of birth: .....

- What year would you like your child to start with us? .....
- Does your child have any additional needs as listed below?
  - A Disability [ ] Yes [ ] No
  - A Developmental Delay [ ] Yes [ ] No
  - Other [ ] Yes [ ] No

If yes to any of the above, please give further details:

- .....
- Are there any areas of major or minor concern in regard to your child's development, behaviour or health? If yes, please give further details:  
 .....
  - What is the main language spoken at home: .....
  - Does your child need support with speaking and understanding English? [ ] Yes [ ] No
  - Do you have a current low income Health Care Card? [ ] Yes [ ] No  
*(This information will assist us in determining your eligibility for fee relief)*
  - Is your child recognised as being of Aboriginal / Torres Strait Islander descent? [ ] Yes [ ] No
  - Have any siblings previously attended the Hills Community Kindergarten? [ ] Yes [ ] No
  - Is your child immunised? [ ] Yes [ ] No
  - Any further information which may be of assistance:  
 .....

<u>Parent / Guardian 1 Details</u>
Given Name:
Surname:
Relationship to child:
Country of Birth:
Mobile:
Email:

<u>Parent / Guardian 2 Details</u>
Given Name:
Surname:
Relationship to child:
Country of Birth:
Mobile:
Email:

I have read the registration information and include the registration fee.

Signed: ..... Date: / /  
 Mr / Mrs / Ms .....  
(circle one) (Given Name) (Surname)

<b>OFFICE USE ONLY</b>			
Date Received: ...../...../.....	Order .....	Amount Received: \$.....	Cash / Chq / EFT
Comments:			