The Hills Community Kindergarten - 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: / /	Child's country of birth:
• What year would you like your	child to start with us?
• What year do you plan to enrol	l your child in school?
 An undiagnosed developme Other If yes to any of the above please 	-
	ken at home:
• Does your child need support w	vith speaking and understanding English? [] Yes [] No
(This information will assist us in dete	me Health Care Card or Pensioner Concession card? []Yes []No rmining your eligibility for fee relief) g of Aboriginal / Torres Strait Islander descent? []Yes []No
Have any siblings previously att	ended the Hills Community Kindergarten? [] Yes [] No
• Is your child immunised? []	Yes []No
• Any further information which	may be of assistance:

Please Note: A place on our waiting list does not guarantee a position at the Preschool. Failure to provide all of the correct information above could result in the cancellation of a position.

Parent / Guardian 1 (use member's details)	Parent / Guardian 2											
Title (e.g. Mr / Mrs / Ms):	Title	Title (e.g. Mr / Mrs / Ms):										
Given Name:	Give	n Name:										
Surname:	Surn	Surname:										
Preferred Name:	Pref	ferred Name:										
Relationship to child:	Rela	ationship to child:										
Country of Birth:	Cou	Country of Birth:										
Mobile:	Mot	obile:										
Email:	Ema	il:										
I have read the registration information and have paregistration fee.	Office use only Date Received://											

Signed:	Date:	/	/		
				Amount Received: \$	Cash / Chq / EFT

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(G	ive	n	N	ar	n	e)																				