

Mimi Kindergarten Waiting List Application

Date:.....

Child's Surname..... Child's first name.....

Date of Birth/...../..... Age in: Years and Months

Number of care days required

Days required: Monday..... Tuesday..... Wednesday..... Thursday..... Friday.....

When would you like your child's enrolment to commence/...../.....

.....

Parent one

Parent two

Name

Name

Address

Address

.....

.....

.....

.....

Postcode

Postcode

Phone (W)

Phone (W)

Phone (H)

Phone (H)

Phone (M)

Phone (M)

Occupation

Occupation

.....

.....

Languages Spoken

Languages Spoken

.....

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In order to comply with the "Priority of access guidelines" determined by the Department of Education, Employment and Workplace relations.

Two Parent Family Single Parent Family Working Full-Time

Seeking Employment Home Duties Working Part-Time

Studying Is the child at risk? Socially isolated family.....

Non- English Speaking background Aboriginal & Torres Strait
Islander

Does your child or any other member living with your family have any additional
needs?.....

.....

Are you at home with several
children?

.....

Are there any other special
circumstances?

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Applicant's Signatures

Applicant One's Signature..... Date/...../.....

Applicant Two's Signature Date/...../.....