

C&K Banks Street Newmarket Community Preschooling Centre Inc.



Affiliated with C & K
ABN 60 094 500 985
PO Box 3135 Newmarket Qld 4051
Phone (07) 3352 6940
Email - admin@banksstkindy.org

Application for Enrolment Form

Child's Name: _____

Date of Birth: _____

First Language: _____

Main Language spoken at home: _____

Gender: _____

Home Address: _____

Telephone: _____ Mobile 1: _____ Mobile 2: _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

E-mail address: _____

- 2020 (1/07/2015 to 30/06/2016)
- 2021 (1/07/2016 to 30/06/2017)
- 2022 (1/07/2017 to 30/06/2018)
- 2023 (1/07/2018 to 30/06/2019)
- 2024 (1/07/2019 to 30/06/2020)

I wish to enrol my child at Banks Street Community Preschooling Centre Inc. and I enclose an enrolment fee of \$10.00. This \$10 can be deposited into Banks Street Newmarket Community Preschooling centre Inc. bank account: **BSB 064102 Account Number 10296120** Name Banks Street Preschool Newmarket Preschooling Centre Inc., Reference: Surname Waitlist

I understand that my enrolment fee is non-refundable and that the acceptance of my child at Bank's Street Preschooling Centre will be subject to the completion of an Enrolment Agreement Form after consultation with the Director of the Centre at the time my child is due to commence at Banks Street Community Preschooling Centre Inc. The child's name will be placed on a waiting list for the year they are due to commence Preprep and enrolment is determined by the position on the list.

Under current state government funding, Banks Street Newmarket Community Preschooling Centre is to pass onto parents, Health Care Card Subsidies, Approved Concession Cards or if your child identifies as an Aboriginal/Torres Strait Islander and Multiple Birth Subsidies, if these benefits apply to your family.

About your child

The information you provide in this section will assist Banks Street Newmarket Community Preschooling centre Inc. in providing the highest quality of education and care, and facilitating a smooth transition for your child and family into kindergarten.

Is your child undergoing assessment for any of the conditions listed below? Yes/No

Has your child been diagnosed with any of the conditions listed below? Yes/No

If yes to either of the above questions please indicate by ticking the relevant conditions and attach any further details

- Autism Spectrum Disorder
- Speech/Language delays
- Allergies – Please specify
- Asthma
- Attention Deficit Disorder (ADD/ADHD)
- Diabetes
- Epilepsy

Please phone the Kindy Hotline on 1800 454 639 and ask for an interpreter if you need advice and information in a language other than English.

I/we:

- Understand that the information I/we have provided will be used for the purpose of being considered for a place at Banks Street Newmarket Community Preschooling Centre Inc.
- Have completed this form with accurate information and agree to notify the kindergarten if any of the information changes
- Understand that C&K regards my/our information as private and confidential and has policies in place to ensure the protection of this information. I/We understand that this information may be used for statistical purpose.

Signed: _____

Relationship to the child: _____

Date: _____

Office Use Only:

Waitlist Application received on: _____

Fee paid: Cash or Bank Yes/No Email Receipt _____

Name placed on waiting list for: _____ Year