

Office Hours-  
Tuesday, Wednesday & Thursday  
8.45am to 3.15pm

*"The first step in  
your child's education"*



Po Box 6075  
Clifford Gardens Q 4350

Ph/Fax – 07 4633 7922  
Email - [little.miracles@bigpond.com](mailto:little.miracles@bigpond.com)

## Kindergarten waiting list application

### Completing this form:

- Lodgement of the form **does not guarantee** your child a place within Little Miracles Community Kindergarten.
- This form is a waiting list application form only. If your child is offered a place, we will ask you to complete an enrolment booklet to formalise the enrolment for your child.
- Little Miracles Kindergarten does not have a sibling policy; please submit a separate form for each child.
- Please write using **BLOCK LETTERS**.
- Once completed, submit this form **using email or post directly to Little Miracles Community Kindergarten**.
- A range of **information is gathered for legislative and statistical purposes**; please ensure you complete all sections to help us process your application as soon as possible.

### Child's details

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: Male  Female

Home address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Cultural Background: \_\_\_\_\_

Main Language spoken at home: \_\_\_\_\_ Other Languages spoken at home: \_\_\_\_\_

Do you or your child identify as:

<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Aboriginal and Torres Strait Islander
<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> South Sea Islander
<input type="checkbox"/> Not Indigenous	<input type="checkbox"/> Decline to Answer

Do you or your child hold a current Health Care Card?  No  Yes

Does either Parent hold a Veteran Affairs DVA Gold or White Card?  No  Yes

### Kindy Year – please tick the relevant year according to your child's date of birth

- |   |   |
|---|---|
| <input type="checkbox"/> 2020 (born 1 <sup>st</sup> July 2015 – 30 <sup>th</sup> June 2016) | <input type="checkbox"/> 2023 (born 1 <sup>st</sup> July 2018 – 30 <sup>th</sup> June 2019) |
| <input type="checkbox"/> 2021 (born 1 <sup>st</sup> July 2016 – 30 <sup>th</sup> June 2017) | <input type="checkbox"/> 2024 (born 1 <sup>st</sup> July 2019 – 30 <sup>th</sup> June 2020) |
| <input type="checkbox"/> 2022 (born 1 <sup>st</sup> July 2017 – 30 <sup>th</sup> June 2018) | <input type="checkbox"/> 2025 (born 1 <sup>st</sup> July 2020 – 30 <sup>th</sup> June 2021) |

### Parents / guardians details

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Parent's gender: Male  Female

Relationship to child: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Email address: \_\_\_\_\_

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Parent's gender: Male  Female

Relationship to child: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Email address: \_\_\_\_\_

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**About your child**

The information you provide in this section will assist Little Miracles Kindergarten in providing the highest quality of education and care and facilitating a smooth transition for your child and family into kindergarten. All responses to these questions are voluntary and will be treated in accordance with the Little Miracles Kindergarten confidentiality and privacy policy.

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 condition and attaching any further details:

- Autism Spectrum Disorder  Asthma  
 Speech / language delays  Attention Deficit Disorder (ADD / ADHD)  
 Diabetes  Epilepsy  
 Allergies (please specify) \_\_\_\_\_  
 Behavioural issues (please specify) \_\_\_\_\_  
 Other (please specify any concerns) \_\_\_\_\_
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**How did you find out about Little Miracles Community Kindergarten?**

- Word of mouth  Flyer / brochure  
 Existing C&K kindergarten  School  
 C&K website  Yellow pages  
 Internet search/Little Miracles Website  Social Media (please specify) \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_
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**Attendance days preference (please circle):**

Monday,  Tuesday & Wednesday / Monday, Tuesday every second Wednesday / Thursday, Friday every second Wednesday

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**Do you require Before and/or After Kindy Care? No  Yes  If yes, please circle below:**

Before Kindy Care – 7.30am to 8.30am / After Kindy Care – 2.30pm to 3.30pm / After Kindy Care – 2.30pm to 4.30pm

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**Waitlist application agreement**

- I have provided correct information and agree to notify Little Miracles Community Kindergarten Inc if my circumstances change.
- I understand that the information I have provided will be used for the purposes of being considered for a place in Little Miracles Community Kindergarten Inc.
- I understand that Little Miracles Community Kindergarten Inc regards my information as confidential and has policies in place to ensure the protection of this information.
- I understand that this data may be used for statistical purposes.
- I am the legal guardian of the child and have authority to provide information contained in this form.
- I acknowledge that by completing this waiting list application it does not confirm a placement at Little Miracles Community Kindergarten Inc.

Parent / guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Lodgement details**

Once completed, you can submit this form in person at 1-3 Goodwood Street, Toowoomba or email – [little.miracles@bigpond.com](mailto:little.miracles@bigpond.com) or mail directly to Little Miracles Kindergarten, Po Box 6075 Clifford Gardens Q 4350.

**What now?**

Once your application form & Application \$25 fee are received, Little Miracles Community Kindergarten may contact you to discuss your application, which may include a request for further information. We will contact you should a place become available. Please note that places are offered to eligible age children (4 by June 30 in the year they attend kindergarten) first based on order of receipt of the wait list application. For further information regarding your application, please contact the kindergarten.

**OFFICE USE ONLY**

Date received:

Processed by:

Date processed: