



1-3 Goodwood Street
Toowoomba Q 4350

Office Hours-
Tuesday, Wednesday & Thursday
8.15am to

3.00pm

Ph- 07 4633 7922
Email - little.miracles@bigpond.com

Kindergarten Waiting List form

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: Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander

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

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

Child is living in a formal child protection out-of-home-care arrangement No Yes

Our family/child have entered Australia under the Australian Government's Refugee and Humanitarian Program or are in the process of seeking asylum in Australia and hold a temporary visa? No Yes

Kindy Year 2023 – Your child's date of birth - born 1st July 2018 – 30th June 2019

Attendance Days Preference -

Monday, Tuesday alt Wednesday - 8.15am to 2.30pm Monday, Tuesday alt Wednesday – 8.45am to 3pm

Thursday, Friday alt Wednesday - 8.15am to 2.30pm Thursday, Friday alt Wednesday - 8.45am to 3pm

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: _____

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:

- | | |
|--|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Speech / language delays | <input type="checkbox"/> Attention Deficit Disorder (ADD / ADHD) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Allergies (please specify) _____ | |
| <input type="checkbox"/> Behavioural issues (please specify) _____ | |
| <input type="checkbox"/> Other (please specify any concerns) _____ | |

Does your child attend any Specialist Services eg. Speech, OT, ECDP? Yes No

If yes, please give details _____

How did you find out about Little Miracles Community Kindergarten?

- | | |
|--|--|
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Internet search/Little Miracles Website |
| <input type="checkbox"/> Existing C&K kindergarten | <input type="checkbox"/> School |
| <input type="checkbox"/> C&K website | <input type="checkbox"/> Facebook/Instagram |
| <input type="checkbox"/> Returning Family (older child attended) | <input type="checkbox"/> Other (please specify) _____ |

After Kindy Care –

Do you require After Kindy Care? Due to viability, Little Miracles Kindy cannot guarantee that we will be able to offer After Kindy Care in 2023. After Kindy Care will only be offered if enough people commit to utilising the service on a permanent basis. Please provide your answer below –

- | | | | | |
|---|--|------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> No, I will NOT be using After Kindy Care | <input type="checkbox"/> Yes, I will be using After Kindy Care regularly | | | |
| Days required: <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |

Further comments regarding After Kindy Care: _____

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 form, it does not confirm a placement at Little Miracles Community Kindergarten Inc.

Parent / guardian signature: _____ Date: _____

Lodgement details

Once completed, you can submit this form in person at 1-3 Goodwood Street, Toowoomba Qld 4350 or email – little.miracles@bigpond.com or mail directly to Little Miracles Kindergarten.

What now?

Once your application form & \$25 Application 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: