



Palm Beach Kindy

WAITING LIST FORM

Child's Name: _____

Date of Application: _____ Child's DOB: _____

Year to Attend: _____ 2 day or 3 day group (please circle)

Intended start date for primary school: _____

Mother's Name: _____

Father's Name: _____

Address: _____

Home Phone: _____ Mobile: _____

Email address: _____

Allergies or Medical Conditions: _____

Additional Needs: _____

Is your child from a non-english speaking background? _____

Is your child an Aboriginal or Torres Strait Islander? _____

Does your child have a sibling who has attended Palm Beach Kindy? _____

If yes please state name and year of attendance _____

Please note there is a \$20 processing fee with each waiting list application. Please make cheques payable to Palm Beach Kindergarten. The completion of this form does not guarantee a position for your child. Offers of enrolment are made in September of year prior to commencement

Receipt Number: _____

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