

Gaythorne Community Kindergarten

34 Taurama Street, Gaythorne Qld 4051
P O Box 6062, Mitchelton Qld 4053

Pre Kindy/Admin: 3355 4193
Kindergarten: 3355 6181
Email: admin@gaythornekindy.com



Waiting List Application Form

Child's Name: _____ D.O.B. _____ M/F: _____

Parent/Guardian 1 Name: _____ Parent/Guardian 2 Name: _____

Parent/Guardian 1 Mobile: _____ Parent/Guardian 2 Mobile: _____

Home Phone: _____ Email Address: _____

Residential Address: _____ Post Code: _____

Does your child have any additional needs? _____

Does your child currently attend another childcare facility: Yes/No

Do you have or have had any other children enrolled in: Pre Kindy: Yes/No Kindergarten: Yes/No

Pre Kindy Room

2 to 5 years of age 8.30am to 2.30pm

Please indicate the days you are interested in care (please tick) Years you require care from _____ to _____

Monday	Tuesday	Wednesday	Thursday	Friday
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Kindergarten Room

4 to 5 years of age (must turn 4 by 30th June)

Year to start: _____ (5 day fortnight 8.30am to 2.30pm)

Do you have a Group preference? (please circle) No preference / Mon, Tues, Alt Wed / Alt Wed, Thur, Fri

Before Hours Care

Monday-Friday 7.30am to 8.30am (available from 2 years of age)

After Hours Care

Monday – Friday 2.30pm to 4.30pm (available from 2 years of age)

Please indicate the days you are interested in care (please tick)

Before Care	Monday	Tuesday	Wednesday	Thursday	Friday
After Care	Monday	Tuesday	Wednesday	Thursday	Friday

How did you know to enrol at Gaythorne Community Kindergarten?

A \$10 Administration Fee must be paid upon completion of this Application. Please note that your child's name will only be added to our Register once this fee has been paid. You can pay via Eftpos or Cash in the Centre or directly transfer the \$10 into our bank account. Bank Details – BSB 124-084 Acc No – 22652438 Acc Name - Gaythorne Community Kindergarten

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY:

Date Fee Paid: _____ Cash / DD / Eftpos Receipt No: _____