



Wagner Road Early Childhood Centre
32 Wagner Road, Clayfield Q. 4011. Tel: (07) 3262 6580
Email: wagnerreccandk@bigpond.com

Birth Date:	Year eligible to start Kindy
Child born 1/7/08 - 30/6/09	2013
Child born 1/7/09 - 30/6/10	2014
Child born 1/7/10 - 30/6/11	2015
Child born 1/7/11 - 30/6/12	2016
Child born 1/7/12 - 30/6/13	2017
Child born 1/7/13 - 30/6/14	Applications open Oct 2014

Kindergarten - Waiting List Application

The Clayfield Child Care Association Inc. operates the Wagner Road Kindergarten. Children will attend for a five day fortnight - being a Monday and Tuesday with an alternating Wednesday or a Thursday and Friday with an alternating Wednesday from 8.30am to 2.40pm. This is a four term year for one year. Children provide their own morning tea and lunch. The Kindergarten runs a comprehensive education programme involving indoor and outdoor activities, aimed specifically at stimulating and challenging each Child. To attend the Kindergarten, Children must be 3.5 years minimum on entry (refer to the table above).

Child's Information

Child's Name _____ Date of Birth _____

Male/Female (Please Circle One) Address _____

_____ State _____ Post Code _____

Does your Child have any special needs/requirements? If yes, please provide details:

Parent Information

Mother/Guardian

Father/Guardian

Name

Phone (Business Hours)

Mobile Phone

Email Address

Enrolment

I am enrolling my Child for:

Year of entry (please refer to the above table): _____

Being on the waitlist is no guarantee of a Kindergarten position. Positions are offered in strict order of application. However, each year's waiting list routinely contains more than 40 names to ensure that all places are filled.

PLEASE NOTE: It is your responsibility to notify us, in writing, of any changes to details provided.

This application form must be accompanied by a **\$50.00** non-refundable application fee. We accept cash, cheque, direct deposit or credit card (an additional fee is charged). Our Bank Account details are: Clayfield Childcare Association Inc. **BSB - 064 106 and Account Number - 0016 0713** (please include your Child's Surname as a reference). A receipt will be forwarded to you as proof of your application. Please keep it for your records.

Parent's Signature _____ Date _____

Office Use Only: Date Accepted: _____ Paid - Cash / Cheque / Direct Deposit / Credit Card / Account (Circle)

Date Entered into Qikkids: _____ Staff Initial: _____