



* Office use only	
YEAR	20__
Date Received	/ /
Time Received	

Waiting List Form — Faith Kindy Plus

Child's Name: _____

Child's Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

Contact Number: _____

Email: _____

Year of Commencement (Please tick):

2023 Children born 1st July 2018 – 30th June 2019

2024 Children born 1st July 2019 – 30th June 2020

2025 Children born 1st July 2020 – 30th June 2021

2026 Children born 1st July 2021 – 30th June 2022

Does your child have any special needs that may require assistance (we may need to allocate funding for extra assistance to give your child the best possible outcomes within the program):

BOOKING DETAILS : Please indicate by ticking the days below that you wish to book your child in for each week. These days will be your permanent booked days for the year, including during school holidays. The hours available will be 6.30am to 6.00pm on these days.

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

- *We understand that the Waiting List Application does not guarantee an enrolment.*
- *We understand that children will be offered enrolment based on their place on the Waiting List.*
- *We understand that the information provided in this application will be considered confidential and will only be used for the purpose for which it was provided.*

Parent/Guardian: _____