

Today's Date: \_\_\_\_\_

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admin@mudjimbakindy.com.au Find us on Facebook and [www.mudjimbakindy.com.au](http://www.mudjimbakindy.com.au)  
ABN: 30 057 554 088

## Waiting List Application

New Application

Amendment to an existing application

### Child's details

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: Male  Female  Child's CRN (if known): \_\_\_\_\_

Home address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Year of commencement – Please tick the relevant year according to your child's date of birth

<input type="checkbox"/> 2025 (born 1 July 2020 – 30 June 2021)	<input type="checkbox"/> 2028 (born 1 July 2023 – 30 June 2024)
<input type="checkbox"/> 2026 (born 1 July 2021 – 30 June 2022)	<input type="checkbox"/> 2029 (born 1 July 2024 – 30 June 2025)
<input type="checkbox"/> 2027 (born 1 July 2022 – 30 June 2023)	<input type="checkbox"/> 2030 (born 1 July 2025 – 30 June 2026)

### Parents/guardians

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address (If different) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work: \_\_\_\_\_ Work \_\_\_\_\_

Mobile: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Why did you choose us? \_\_\_\_\_

Have you delayed entry to Kindergarten  No  Yes

Does your child have an additional need or medical condition  No  Yes

If yes, please provide details below. This information will be used to support your child if an enrolment offer is made.

**\$10 per child (non refundable). Please direct deposit to the Mudjimba Kindergarten account:**

**BANK DETAILS: BSB 633-000 Account No: 126582394 Reference Child's name**

**Email a copy of waitlist fee payment receipt to admin@mudjimbakindy.com.au**