

"Dedicated to excellence in early childhood learning"

RECEIPT NUMBER

ENROLMENT FORM

Please enclose **\$10.00** (Application fee, includes GST) cheque/money order with this form and post to:
P.O. Box 41, Manunda QLD 4870

Or return to the centre in person. You can deposit directly into our QCCU bank account:

BSB: 704640

ACCOUNT NUMBER: 41537163

ACCOUNT NAME: Cairns Community Kindergarten (Please use your child's name as the banking reference).

Your child's name will then be added to the "Waiting List" and a receipt will then be forwarded to you.

Child's Full Name
(Family Name) (Given Name/s)

Male / Female

Child's Date of Birth

Home Phone Number

Residential Address

.....

Postal Address

Father's Name
(Family Name) (Given Name/s)

Father's Occupation

Father's Work Phone Number

Father's Mobile Number

Father's email

Mother's Name
(Family Name) (Given Name/s)

Mother's Occupation

Mother's Work Phone Number

Mother's Mobile Number

Mother's email

174-178 Gatton Street, Cairns
P.O. Box 41 Manunda, QLD 4870
Phone: 07 4051 5913
Email: office@cck.org.au



Est since 1972

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Do you have a: Health Care Card Veterans' Affairs Card Australian Government Concession Card

Do you or your child identify as:
Aboriginal
Torres Strait Islander
Aboriginal & Torres Strait Islander

Year to Attend – (Please tick)

2018 born 1/7/2013 – 30/6/2014	2020 born 1/7/2015 – 30/6/2016	2022 born 1/7/2017 – 30/6/2018
2019 born 1/7/2014 – 30/6/2015	2021 born 1/7/2016 – 30/6/2017	2023 born 1/7/2018 – 30/6/2019

Group Preference:

Group 1: Mon – Tue – Alt Wed 8:30am - 2.30pm

Group 2: Thurs - Fri 8:15am - 3.45pm

Each program offers an average of 15 hours per week.

(Please note: Group preferences cannot be guaranteed and group days and hours are subject to change).

Are you aware of any additional support that your child may require during his/her enrolment at the Centre?

YES NO

If YES Please give details

Does your child have any known allergies?

YES NO

If YES Please give details:

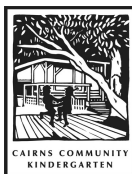
□



If, for any reason, your child may need special assistance e.g. special facilities, special equipment or additional support staff, notify the Centre as soon as possible so that the Centre can plan for facilities / apply for funding to best meet the needs of your child.

Our enrolment offer process begins in May for the following year of Kindy.

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Name

Signed

Date

DAY / MONTH / YEAR



To ensure that we contact you at the appropriate time, please notify us immediately of any change of address or phone number.



\$10.00 Waiting List Fee is *NOT REFUNDABLE*.

Lodgement of this form does not guarantee a place

How did you hear about us?

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