



ENROLMENT FEE

I hereby accept the place offered to my child

(Child's name in full):

Child's date of birth:

to attend Cairns Community Kindergarten in 2027 and agree to pay the Enrolment and Membership Fees of \$100.- (\$5.- for concession card holders).

Bank: Queensland Country Bank

Name: Cairns Community Kindergarten

BSB: 654 000

Account Number: 41537163

Reference: Your name

It is my responsibility to let Cairns Community Kindergarten know if my child attends another sessional Kindy or if me or/and my family hold a visa as it may affect my eligibility for free Kindy.

I understand these Enrolment and Membership Fees secure my child's place at Cairns Community Kindergarten and is Non-Refundable.

Parent's Name.....

Signed.....

Date.....

Office use:

Date Received.....

Receipt Number.....