

This Request for Booking does not guarantee a place.

PARENT/CARER INFORMATION

Parent/Carer 1

Parent/Carer 2

First Name	_____	_____
Last Name	_____	_____
Home Address	_____	_____
Home Phone	_____	_____
Mobile	_____	_____
Email	_____	_____
Occupation	_____	_____
Work Name	_____	_____
Work Contact Number	_____	_____
Primary Language Spoken	_____	_____

CHILD'S INFORMATION

Child's Full Name: _____

Child's Address: _____

Child's Date of Birth:	Gender:	Requested Start Date:
_____	_____	_____

Program Preference:

Monday, Tuesday and alternating Wednesdays (5 days per fortnight)

Alternating Wednesdays, Thursday and Friday (5 days per fortnight)

Cultural Background:

Not Aboriginal or Torres Strait Islander

Aboriginal not Torres Strait Islander

Torres Strait Islander not Aboriginal

Aboriginal and Torres Strait Islander

Other: _____

Additional Information pertaining to enrolment: (special needs, custodial arrangements etc.)

I understand that the Queensland Government provides funding to a Kindergarten service for my child to attend up to 15 hours of kindergarten per week for 40 weeks per year (600 hours per year). Receipt of this funding by the service ensures that my out of pocket expenses are as low as possible, and therefore, the registered kindergarten service that my child attends will be in receipt of such funding.

I understand that it is my responsibility to ensure that no other early childhood education facility where my child is enrolled, claims kindergarten funding for my child because the funding that is required to support my child's position in the kindergarten will be claimed by this service. Therefore no other service is entitled to make a claim for kindergarten funding for my child.

I understand that I am required to complete a full Enrolment Form prior to the commencement date of my child.

I understand that my application will not be accepted if the application fee is not paid within 7 days of this form being received.

Parent/Carer 1 Signature: _____ Date: _____

Parent/Carer 2 Signature: _____ Date: _____

OFFICE USE ONLY
APPLICATION RECEIVED:
APPLICATION FEE PAID: <input type="checkbox"/> YES <input type="checkbox"/> NO
SIBLINGS AT THIS CENTRE:
CONFIRMED START DATE:
ENTERED IN QIKKIDS BY: