



BROADBEACH KINDERGARTEN WAITING LIST APPLICATION



Lady Gowrie^{QLD}
Community
Kindergartens

HOW TO COMPLETE THIS FORM;

1. Lodgment of this application form does not guarantee your child a position at Broadbeach Kindergarten.
2. This form is a waiting list application form only. We do not have a sibling policy so please submit a separate form for each child.
3. Please ensure all fields are filled out.
4. A range of information is gathered for legislative and statistical purposes so please ensure you complete all sections of this application.

[Please view our video online for a look into our daily kindergarten program.](#)

<https://youtu.be/miDxioMBG-c>

CHILD'S DETAILS:

Child's given name/s: _____

Child's family name: _____

Country of birth: _____ Date of birth: _____

Child's gender: Male Female

Home address: _____

Home suburb: _____ State: _____ Postcode: _____

Is your child of Aboriginal descent? No Yes

Is your child of Torres Strait Islander descent? No Yes

First language: _____ Second language (if applicable) _____

Main language spoken at home: _____

Year of commencement (please tick the relevant year)

2024 (child born 1 July 2019 – 30 June 2020)

2025 (child born 1 July 2020 – 30 June 2021)

2026 (child born 1 July 2021 – 30 June 2022)

2027 (child born 1 July 2022 – 30 June 2023)

2028 (child born 1 July 2023 – 30 June 2024)

2029 (child born 1 July 2024 – 30 June 2025)

Queensland Funding Guidelines:

Please follow the link to find out further information about subsidies for your child.

<https://earlychildhood.qld.gov.au/funding-and-support/grants-tenders-and-funding/kindergarten-funding-for-queensland>

Parent 1/Guardian details: (Parent 1)

(Please indicate your preferred method of contact by ticking the appropriate box)

Given name: _____ Family name: _____

Home phone _____ Work phone _____

Mobile phone: _____

Email address: _____

Home address: (Is parent 1 home address same as your child?) Yes No

If no please enter parent 1 home address

Street address: _____

Suburb: _____ State: _____ Postcode: _____

Parent 2/Guardian details (Parent 2)

Given name: _____ Family name: _____

Home phone: _____ Work phone: _____

Mobile phone: _____

Email address: _____

Home address: (Is parent 2 home address same as your child?) Yes No

If no please enter Parent 2 home address

Street address: _____

Suburb: _____ State: _____ Postcode: _____

Application Details:

The information you provide in this section will assist us to facilitate a smooth transition for your child into our kindergarten. All responses to these questions will be treated in accordance with the Lady Gowrie confidentiality and privacy policy.

Has your child been diagnosed with any of the following? No Yes
(If yes to one or more please attach relevant details)

Any allergic condition – please specify	<input type="checkbox"/>	Attention deficit disorder	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Behavioural issues	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Speech/language delays	<input type="checkbox"/>	Autistic spectrum disorder	<input type="checkbox"/>

(If ticked one of above boxes please specify relevant details below:

Any other health concerns: _____

Parent / Guardian work status:

Mother/Guardian 1:

Working full time / part time	<input type="checkbox"/>	Home duties	<input type="checkbox"/>
Studying full time / part time	<input type="checkbox"/>	Other	<input type="checkbox"/>
Seeking work	<input type="checkbox"/>		

Father/Guardian 2:

Working full time / part time	<input type="checkbox"/>	Home duties	<input type="checkbox"/>
Studying full time / part time	<input type="checkbox"/>	Other	<input type="checkbox"/>
Seeking work	<input type="checkbox"/>		

Do you hold a Health Care Card? No Yes

Will your child be accessing another kindergarten program while attending Broadbeach Kindergarten?

No Yes

If yes please indicate which service your child will attend:

How did you find out about Broadbeach Kindergarten?

Word of mouth	<input type="checkbox"/>	Flyer/brochure	<input type="checkbox"/>
Passing by	<input type="checkbox"/>	Yellow pages	<input type="checkbox"/>
Lady Gowrie website	<input type="checkbox"/>	White pages	<input type="checkbox"/>
Internet search	<input type="checkbox"/>	Facebook	<input type="checkbox"/>

School

Other

I/We have provided correct information and agree to notify Broadbeach Kindergarten if my/our circumstances change.

I/We understand that the information I/We provided is to be used for the purposes of being considered for a position at Broadbeach Kindergarten.

I/We understand that Broadbeach Kindergarten regards my/our information as confidential and has policies in place to ensure the protection of this information.

Mother/Guardian signature: _____

Date: _____

Father/Guardian signature: _____

Date: _____

Broadbeach Kindergarten confidentiality and privacy statement:

- 1) Broadbeach Kindergarten is bound by The National Privacy Principles (2001) and the Commonwealth Privacy Act 1988.
- 2) Broadbeach Kindergarten only collects and uses information that is necessary for the provision of quality early learning services and will do so with the understanding that the information is private and confidential.

PLEASE ADVISE US IF YOUR CONTACT DETAILS CHANGE AT ANY TIME.

Date application received: