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ABN 19 924106 317  
 www.lgck.com.au

DATE: .....

Receipt Number: .....

**APPLICATION FOR WAIT LIST**

Home Phone: .....

CHILD: \_\_\_\_\_  
 (Surname) (Christian Names) (Known as)

ADDRESS: \_\_\_\_\_

COMMENCEMENT SOUGHT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 (A child is eligible to attend LGCK if they have turned 3 by 31 July in the year of entry).

**Application fee \$50** – payment can be made by cheque, cash or direct deposit (netbank)  
 account details: Lady Game Community Kindergarten, Commonwealth Bank Lindfield,  
 BSB 062-195 Account Number: 10090639

Does your child have any special or additional needs? (eg Physical/cognitive, language delay, behavioral difficulties). **Yes/No.** If "YES" please list any support services your child is attending eg. Speech pathologist, O.T. etc). \_\_\_\_\_

Is your child from a non-English speaking background? **Yes/No**

Language spoken at home \_\_\_\_\_

Does your child speak English? **Yes/No.** Does your child Understand English? **Yes/No**

Details of any court order affecting custody of child: \_\_\_\_\_

Health Care Card (Centrelink)? **Yes/No.** Number \_\_\_\_\_

Is your child immunized? **Yes/No**

PARENT/GUARDIAN 1: \_\_\_\_\_ Mobile: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ Bus Phone: \_\_\_\_\_

PARENT/GUARDIAN 2: \_\_\_\_\_ Mobile: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ Bus Phone: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**SIBLINGS**

Name	Date of Birth	Attended LGCK (Yes/No)	Year Attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did you find out about Lady Game Kindergarten? \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_