



Cnr Moore Ave & Bradfield Rd, PO Box 3015 Lindfield West NSW 2070
Ph 9416 5707 **ABN 19 924 106 317**
Email: ladygamekindy@bigpond.com *www.lgck.com.au*

Date: _____

Receipt Number: _____

APPLICATION FOR WAIT LIST

Home Phone: _____

Child's surname: _____ Child's first name: _____ 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)

Please circle the booking you require **Mon/Tue** or **Mon/Tue/Wed** or **Wed/Thu/Fri** or **Thu/Fri** or **Flexible**

Application fee \$50 – payment can be made by cash or direct deposit.

Account details: Lady Game Community Kindergarten

Commonwealth Bank BSB: 062-195 Account Number: 10090639

Does your child have any special or additional needs? (Example, Physical/cognitive, language delay or behavioral difficulties) **Yes/No**. If yes please list any support services your child is attending such as a 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: _____

Do you have a Health Care Card (Centrelink)? **Yes No** HCC Number: _____

Is your child immunised? **Yes No**

Do you identify as Aboriginal or Torres Strait Islander? **Yes No**

PARENT/GUARDIAN 1: _____ **Phone (M):** _____

OCCUPATION: _____ **Phone (W):** _____

PARENT/GUARDIAN 1: _____ **Phone (M):** _____

OCCUPATION: _____ **Phone (W):** _____

Email address: _____

Please list all siblings below

Name	Date of Birth	Attended LGCK? Yes/No Year Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you find out about Lady Game Kindergarten? _____

PARENT/GUARDIAN'S SIGNATURE: _____