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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: _____

<u>SIBLINGS</u>		
Name	Date of Birth	Attended LGCK (Yes/No) Year Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you find out about Lady Game Kindergarten? _____

PARENT/GUARDIAN'S SIGNATURE _____