

# EATONS HILL COMMUNITY KINDERGARTEN

## APPLICATION FOR ENROLMENT 2025

I wish to apply for the enrolment of my child at the Eatons Hill Community Kindergarten for the year 2025.

Date of Application .....

**This form will be recorded into our waiting list book once the kindergarten has received this completed application for enrolment form.**

|  |       |                |             |
|--|-------|----------------|-------------|
| CHILD'S FULL NAME:   |       | .....          |             |
| ADDRESS:   |       | .....<br>..... |             |
| TELEPHONE NUMBER:<br>(or name and phone number<br>of persons willing to take a<br>message) |       | HOME .....     | WORK .....  |
|  |       | MOBILE .....   | EMAIL ..... |
| AGE:   | ..... | DATE OF BIRTH: | .....       |
| FATHER/GUARDIAN'S<br>NAME:   |       | .....          |             |
| MOTHER/GUARDIAN'S<br>NAME:   |       | .....          |             |
| NAMES AND AGES OF<br>OTHER CHILDREN IN<br>FAMILY:  |       | .....<br>..... |             |
| SPECIAL NEEDS FOR<br>YOUR CHILD*:  |       | .....<br>..... |             |

How did you find out about our centre?  
 Internet search  Driving past  Recommended by another parent   
 Qld Government Kindy Hotline  Advertising  Other .....

\* Please note that the only reason we ask for this information at this point, is to ascertain whether a support worker is required to assist your child during the year. Any additional funding for this is applied for in the February the year your child attends the Centre. Your assistance would be greatly appreciated.