

This Request for Booking does not guarantee a place.

**PARENT/CARER INFORMATION**
**Parent/Carer 1**
**Parent/Carer 2**

First Name		
Last Name		
Home Address		
Home Phone		
Mobile		
Email		
Occupation		
Work Name		
Work Contact Number		
Primary Language Spoken		

**CHILD'S INFORMATION**

Child's Full Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Child's Date of Birth:	Gender:	Requested Start Date:
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**Program Preference:**

- Monday, Tuesday and alternating Wednesdays (5 days per fortnight)  
 Alternating Wednesdays, Thursday and Friday (5 days per fortnight)

**Cultural Background:**

- Not Aboriginal or Torres Strait Islander  
 Aboriginal not Torres Strait Islander  
 Torres Strait Islander not Aboriginal  
 Aboriginal and Torres Strait Islander  
 Other: \_\_\_\_\_

**Additional Information pertaining to enrolment:**

(special needs, custodial arrangements etc.)

I understand that the Queensland Government provides funding to a Kindergarten service for my child to attend up to 15 hours of kindergarten per week for 40 weeks per year (600 hours per year). Receipt of this funding by the service ensures that my out of pocket expenses are as low as possible, and therefore, the registered kindergarten service that my child attends will be in receipt of such funding.

I understand that it is my responsibility to ensure that no other early childhood education facility where my child is enrolled, claims kindergarten funding for my child because the funding that is required to support my child's position in the kindergarten will be claimed by this service. Therefore no other service is entitled to make a claim for kindergarten funding for my child.

I understand that I am required to complete a full Enrolment Form prior to the commencement date of my child.

I understand that my application will not be accepted if the application fee is not paid within 7 days of this form being received.

Parent/Carer 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Carer 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

APPLICATION RECEIVED: \_\_\_\_\_

 APPLICATION FEE PAID:  YES  NO

SIBLINGS AT THIS CENTRE: \_\_\_\_\_

CONFIRMED START DATE: \_\_\_\_\_

ENTERED IN QIKKIDS BY: \_\_\_\_\_