

WAITING LIST APPLICATION FORM

bubbles
PRE-SCHOOL

By submitting this form along with payment, your child will secure a position on the waiting list.

You will be contacted if a place becomes available that matches your criteria noted in the 'Preferences' section of this form - either prior to the beginning of an enrolment year or part way through.

In order to process your Waiting List Application Form, a **\$60 non-refundable payment** is required. Please see payment options at the bottom of this form. Return this form by email, post or in person.

Today's date: _____

Child's name: _____ **Gender:** _____ **D.O.B** _____

Any allergies/medical/special needs: _____

Parent/Guardian's name: _____

Address: _____

_____ **P/code:** _____

Mobile: _____

Email address: _____

PREFERENCES:

☐ **2 Year Old Pre-Kinder** Commencement year: _____ (please note your class preferences below). Children must be 18 months by the beginning of their commencement year.

At this stage my preference/s are:

Pre-Kinder Morning Sessions 8.30am - 12.30pm

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Pre-Kinder Afternoon Sessions 1.30pm - 4.30pm

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

I am flexible - any days/sessions ☐ **Notes:** _____

☐ I am also interested in continuing on to Kindergarten at Bubbles Pre-School.

— OR —

☐ **3 & 4 Year Old Kinder** Commencement year: _____.

Children must turn 3 or 4 respectively (eg. 3 for 3 Year Old Kinder) by 30 April of their commencement year

9.00am - 3.00pm

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

☐ I am also interested in the optional extended Kinder hours. 3.00pm-4.30pm

PAYMENT OPTIONS:

☐ \$60 cash

☐ \$60 direct debit, Bubbles Pre-School, BSB: 083 453 Acc No: 1605 097 70. Please note your child's name in the description.

OFFICE USE:
