Kingston EARLY LEARNING CENTRE

Government of South Australia
Department for Education

Child care wait list form

Please complete this form to register your interest in child care for a child at a Government of South Australia Preschool site. Once completed, submit the form by email or in person to the site. Contact the site if you need help to complete this form.

Submission of this form is not a guarantee of enrolment. Places are considered based on local availability, service capacity, priority of access and the information supplied in this form. If a place becomes available, the site will contact you with next steps.

Site details

Site name: Kingston Early Learning Centre

Date of application:

Child 1 details

First name:

Surname/Family name:

Date of birth:

Gender:

Preferred start date:

Aboriginal or Torres Strait Islander: ☐ Aboriginal ☐ Torres Strait Islander ☐ Neither

Additional needs or diagnosed disability: ☐ Yes ☐ No

Medical condition / allergy: ☐ Yes ☐ No

Details (if yes):

Is the child under guardianship of the minister for Educaton (goM) or in alternative care? ? Yes ? No

If yes, further details must be obtained from the confidential Department for Child Protection Information sharing form as supplied to the preschool site leader or by the case worker.

Child 2 details

First name:

Surname/Family name:

Date of birth:

Gender:

Preferred start date:

Aboriginal or Torres Strait Islander: ☐ Aboriginal ☐ Torres Strait Islander ☐ Neither

Additional needs or diagnosed disability: ☐ Yes ☐ No

Medical condition / allergy: ☐ Yes ☐ No

Details (if yes):

Is the child under guardianship of the minister for Educaton (goM) or in alternative care? ? Yes ? No

If yes, further details must be obtained from the confidential Department for Child Protection Information sharing form as supplied to the preschool site leader or by the case worker.

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Parent/Guardian 1 details

First name: Surname/Family name: Mobile:

Relationship to child: Home phone: Email:

Address: Suburb/Town: Postcode:

Parent/Guardian 2 details

First name: Surname/Family name: Mobile:

Relationship to child: Home phone: Email:

Address: Suburb/Town: Postcode:

Care requirements

Required from: to ☐ Ongoing ☐ Weekly ☐ Fortnightly

Sessions required:

	Mon	Tue	Wed	Thu	Fri
Before school					
Morning					
Afternoon					
After school					

Additional information

Parent/Guardian signature

Date