

Waiting List Form

Kenmore District Kindergarten and Pre-School Association Inc



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Child's Surname:		Office Use Only Booking Fee Received Date: Amount: \$ Receipt No. Waiting List Year:
Child's Given Names:		
Date of Birth:	Gender: Male / Female	
Parents' Names:		
Address:		
Phone Numbers:	Home: Work: Mobile:	
Does your child have any special needs? Yes / No (If yes, please specify)		
How did you hear about the Centre?		
Parents' Signature:	Email Address: Date:	