Palmwoods Community Kindergarten & Preschool 28 Churchill St, Palmwoods Qld 4555 Ph (07) 5445 9027 Fax (07) 5445 9047 admin@palmwoodskindy.qld.edu.au





Expression of Interest for(Year)

I wish to apply for a Kinder	jarten Placement for		
CHILD'S FULL NAME:			
DATE OF BIRTH:			
ADDRESS:			Postcode
PARENT / GUARDIAN 1			
Mobile	Email::		
PARENT/GUARDIAN 2:			
Mobile:			
I tender herewith the waiting Bank Details for Payment)	or you can pay cash in p	erson at our service.	·
 It is the responsibilit Palmwoods Kinderg when places are be If you do not reply w 	y of the parents to adviso parten will contact the paring offered. within 14 days of the offer	e any change to contact rents at the email addres	s or postal address recorded
support staff, notify the cen applied for, to best meet the PLEASE NOTE: This inform	tre as soon as possible e needs of your child. (B nation is requested to as pecial needs. The inforn	so that the centre can perhavioural, Development sist the centre in long termation obtained WILL NO	ties, equipment or additional lan for facilities/funding to be tal, Social, Emotional needs) m planning for the successful DT be used to deny or delay nrolment.
How did you hear about Pa	Imwoods Kindergarten?		
Please Circle your Preferre	d Days of Attendance	Mon, Tues Alternate Wed	or Thur, Fri Alternate Wed
		ct to Palmwoods Commu you're your child's name a	
PARENT'S SIGNATURE:			
OFFICE USE ONLY			
DATE		RECEIPT NO	
SIGNED		GROUP	