



1. Please contact the teaching director on 49272346 if you require an interpreter or support in completing this form.
2. This *Expression of Interest* form is to be completed by families wishing to enrol their child at our centre. Fully completed *Expression of Interest* forms will ensure a child's placement onto the kindergarten's waiting list.
3. A separate form needs to be completed for every child within a family.
4. Children must have turned 3 years old prior to the commencement of kindergarten. However, priority will be given to those children who are within the kindergarten-age cohort (the year before commencement of formal schooling).
5. This application does not place your child on the adjoining school's waiting list. Families will need to make arrangements with the school to place their child on a waiting list for school.
6. Please complete all fields and use **BLOCK LETTERS**.
7. Information gathered on this form may be used for legislative requirements and/or to provide appropriate services for your child.
8. We ask families to notify the contact below if there are any changes to the details on this form e.g. contact details, requested days of attendance, additional support required for your child etc.

Proposed Year of Attendance

Please tick the year your child will be attending the service (note the years in brackets indicating date of birth).

- | | |
|---|---|
| <input type="checkbox"/> 2016 (child born 1 July 2011 – 30 June 2012) | <input type="checkbox"/> 2019 (child born 1 July 2014 – 30 June 2015) |
| <input type="checkbox"/> 2017 (child born 1 July 2012 – 30 June 2013) | <input type="checkbox"/> 2020 (child born 1 July 2015 – 30 June 2016) |
| <input type="checkbox"/> 2018 (child born 1 July 2013 – 30 June 2014) | <input type="checkbox"/> 2021 (child born 1 July 2016 – 30 June 2017) |

Proposed Days of Attendance

Please note the current kindergarten days. **You will be notified in August the year before your child commences kindergarten of days and whether you have been offered a position.** For kindergarten-age children who are in their year prior to commencing school, a **minimum of 5 days** over the fortnight is required in alignment to Qld Kindergarten Funding Guidelines. This expression of interest does not guarantee your child will be offered a kindergarten position. Placement of children into groups will be aligned with the *Diocesan Enrolment Procedure* on priority of access.

- Group One:**
OR
 Group Two:

WEEK	MON	TUES	WED	THURS	FRI
1	✓	✓	✓		
2	✓	✓			

WEEK	MON	TUES	WED	THURS	FRI
1				✓	✓
2			✓	✓	✓

Additional Support Required

Please indicate if your child has additional needs to ensure support is available for your child on commencement of the kindergarten year:

(Please attach any information that would support us in catering for your child at kindergarten.)

Child and Family Details

CHILD'S FULL NAME			
Name child is known by			
Child's date of birth		Child's gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child's address			
Does your child identify as:	Aboriginal Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> and/or Torres Strait Islander Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Proposed year your child will be attending Kindergarten			
Health Care Card No. (if applicable.) /Concession Card			
Valid from date	(Please indicate parent/child HCC or Concession Card): Parent <input type="checkbox"/> Child <input type="checkbox"/>		
Expiry date of card			
Name on card			
School child will be attending year after kindergarten			
PARENT/CARER 1 (Full Name)			
Relationship to Child			
Mobile Number			
Email Address			
Home Phone Number			
Address (include suburb & postcode) <small>This is the address that a letter of offer will be sent <input type="checkbox"/></small>			
Work Phone Number			
PARENT/CARER 2 (Full Name)			
Relationship to Child			
Mobile Number			
Email Address			
Home Phone Number			
Address (if different to above) <small>This is the address that a letter of offer will be sent <input type="checkbox"/></small>			
Work Phone Number			
Primary language spoken at home	Child	Parent/Carer - 1	Parent/Carer - 2

PLEASE RETURN THIS FORM TO:	TEACHING DIRECTOR, ST JOSEPH'S KINDERGARTEN, 18 HAYNES ST, PARK AVENUE Q 4701
OR EMAIL TO:	sjpa_elc@rok.catholic.edu.au

OFFICE USE ONLY: **DATE RECEIVED:** ____ / ____ / ____

Comments / Additional Documentation Attached:
 Name of Authorised Person Receiving Form: _____ Signed: _____

Child Confirmation: Please keep this slip as confirmation of your child's placement on the St Joseph's Kindergarten, Park Avenue, Waiting List.

Child's Name: _____ Child's DOB: ____ / ____ / ____
 Date Received: ____ / ____ / ____ Teacher: _____ Signed: _____