

St Brendan's Catholic Kindergarten: Expression of Interest



1. Please contact Kathryn Byrne on 49313753 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

Your child must be 4 years old by July 31 to participate in a kindergarten program.

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 – 31 July 2012) | <input type="checkbox"/> 2019 (child born 1 July 2014 – 31 July 2015) |
| <input type="checkbox"/> 2017 (child born 1 July 2012 – 31 July 2013) | <input type="checkbox"/> 2020 (child born 1 July 2015 – 31 July 2016) |
| <input type="checkbox"/> 2018 (child born 1 July 2013 – 31 July 2014) | <input type="checkbox"/> 2021 (child born 1 July 2016 – 31 July 2017) |

Children who turn 4 during July in the year they participate in kindy may be eligible to enrol in Prep early. If they do not start Prep early they can continue to participate in kindergarten for the following year.

Proposed Days of Attendance

Please tick the appropriate box that indicates your preferred kindergarten session. **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 with the 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"/>
Primary language spoken at home	
Proposed year your child will be attending Kindergarten	
Health Care Card No. (if applicable.) /Concession Card	(Please indicate parent/child HCC or Concession Card): Parent <input type="checkbox"/> Child <input type="checkbox"/>
Valid from date	
Expiry date of card	
Name on card	
School child will be attending year after kindergarten	
PARENT/CARER (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 (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	

PLEASE RETURN THIS FORM TO:	TEACHING DIRECTOR, ST BRENDAN'S CATHOLIC KINDERGARTEN, MACKAY Q 4740
OR EMAIL TO:	sbnm_elc@rok.catholic.edu.au

OFFICE USE ONLY:	DATE RECEIVED: ____ / ____ / ____
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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 Brendan's Pre-Prep, Rural View, Waiting List.

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