1. Please contact the teacher/director on 46576129 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 Pre-prep’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 pre-prep/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.

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**Proposed Year of Attendance**

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

- [ ] 2016 (child born 1 July 2011 – 30 June 2012)
- [ ] 2017 (child born 1 July 2012 – 30 June 2013)
- [ ] 2018 (child born 1 July 2013 – 30 June 2014)
- [ ] 2020 (child born 1 July 2015 – 30 June 2016)
- [ ] 2021 (child born 1 July 2016 – 30 June 2017)

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**Proposed Days of Attendance**

Please note the current kindergarten days. **These may vary due to staffing etc. and you will be notified in August the year before your child commences pre-prep 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 pre-prep position. Placement of children into groups will be aligned with the **Diocesan Enrolment Policy’s guidelines on priority of access.**

<table>
<thead>
<tr>
<th>WEEK</th>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THUR</th>
<th>FRI</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>Kindy Day</td>
<td>Kindy Day</td>
<td>Kindy Day</td>
</tr>
<tr>
<td>2</td>
<td>Kindy Day</td>
<td>Kindy Day</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**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

<table>
<thead>
<tr>
<th><strong>CHILD’S FULL NAME</strong></th>
<th></th>
</tr>
</thead>
</table>

**Name child is known by**

**Child’s date of birth**

**Child’s address**

**Child’s gender**

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
</table>

**Does your child identify as:**

<table>
<thead>
<tr>
<th>Aboriginal</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Torres Strait Islander</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

**Proposed year your child will be attending Kindergarten**

**Health Care Card No. (if applicable) /Concession Card**

<table>
<thead>
<tr>
<th>Valid from date</th>
<th>(Please indicate parent/child HCC or Concession Card): Parent</th>
<th>Child</th>
</tr>
</thead>
</table>

**Expiry date of card**

**Name on card**

**School child will be attending year after kindergarten**

**PARENT/CARER 1 (Full Name)**

<table>
<thead>
<tr>
<th>Relationship to Child</th>
<th></th>
</tr>
</thead>
</table>

**Mobile Number**

**Email Address**

**Home Phone Number**

**Address (include suburb & postcode)**

This is the address that a letter of offer will be sent

**Work Phone Number**

**PARENT/CARER 2 (Full Name)**

<table>
<thead>
<tr>
<th>Relationship to Child</th>
<th></th>
</tr>
</thead>
</table>

**Mobile Number**

**Email Address**

**Home Phone Number**

**Address (if different to above)**

This is the address that a letter of offer will be sent

**Work Phone Number**

**Primary language spoken at home**

<table>
<thead>
<tr>
<th>Child</th>
<th>Parent/Carer - 1</th>
<th>Parent/Carer - 2</th>
</tr>
</thead>
</table>

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Please return this form to: Teaching Director, St Joseph’s Catholic Pre-Prep, St Andrews St, Blackall Q 4472

Or email to: sjbl_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 Catholic Pre-prep, Blackall Waiting List.

Child’s Name: ___________________________________________ Child’s DOB: _____ / _____ / _____

Date Received: _____ / _____ / _____ Teacher: __________________________ Signed: ______________________