

**Community Kinder
Three year old program**

Expression of interest
My child will be commencing in the year _____

Child's Details

Surname	
Given name(s)	
Date of Birth:	
Languages spoken at home:	

Parent's/Guardian's Details

Surname	
Given name(s)	
Address:	
Home telephone	Work telephone
Mobile telephone	Email address:
Languages spoken at home	
Interpreter required	No Yes

I understand that the positions within the kindergarten activity program are allocated on the basis of the chronological order of the waiting list. I understand that neither the submission of this form nor the payment of the \$20.00 administration fee will guarantee a position my child and that this fee will be forfeited should I withdraw this expression of interest.

Parent/Guardian signature **Date:**

Office Use Only	
Receipt No.	
Date:	By:
.....	
(Staff/Committee)	