

## 691-695 Fig Tree Pocket Road, Fig Tree Pocket, QLD, 4069 PO Box 625, Kenmore, QLD, 4069

Tel: 07 33789233 Fax: 07 38785533 Email: <a href="mailto:admin@gangani.net.au">admin@gangani.net.au</a> Website: <a href="mailto:www.gangani.net.au">www.gangani.net.au</a>



## **Booking Form**

This booking form must be accompanied by a \$20.00 non-refundable booking fee.

Year of commencement for Kindy:						
□ <b>2022</b> (child born 1 July 2017 – 30 June 2018) □ <b>2023</b> (child born 1 July 2018 – 30 June 2019)						
2024 (child born 1 J	uly 2019 – 30 June 2020)	2025 (child born 1 July 2020 – 30 June 2021)				
Are you interested in Pre-Kindy also?						
Child's Details:						
Surname		Given Names				
Home Address						
Religion		Date of Birth				
Gender:	Male / Female (Please circle)					
Parents' or Guardians' Details:						
Surname		Surname				
Given Names		Given Names				
Relationship to child		Relationship to child				
Home Address (if different from above)		Home Address (if different from above)				
Telephone (Home)		Telephone (Home)				
Telephone (Work)		Telephone (Work)				
Telephone (Mobile)		Telephone (Mobile)				
Occupation		Occupation				
Employer		Employer				
Religion		Religion				
Email address		Email address				

(continued...)



			e any additiona the centre?	al needs of which you are aware th	at may need to be addressed during		
	Yes	Yes No					
If yes, please provide details:							
If, for any reason, your child may need special assistance (e.g. special facilities, special equipment or additional support staff), please notify the centre as soon as possible so that the centre can plan for facilities/apply for funding to best meet the needs of your child.  Please note: This information is requested to assist the centre in long-term planning for the successful inclusion of the child with additional needs. The information obtained will not be used to deny or delay enrolment of the child involved. At the same time there is no guarantee of enrolment.							
Please state which group you would prefer your child to attend:							
☐ Mon/Tue group ☐ Wed/Thurs/Fri group ☐ Either group							
Please note the days requested cannot be guaranteed but we will endeavor to fulfill your requirements.							
This booking form does not constitute confirmation of a place at Gan Gani Kindergarten. You will be notified when a place for your child has been confirmed. You and your child will then be invited to attend an interview, where you will be asked to complete details about your child and provide any other required information (family doctor, emergency contacts, medical details).							
How	did you	hear a	about us?				
☐ Sibling/returning family ☐ School newsletter ☐ Google or Facebook							
□ Bulletin □ Open day □ Signage □ Other:							
We look forward to welcoming you to Gan Gani Kindergarten!							
Payment details for booking fee: You can pay the \$20.00 booking fee via:							
- Bank Transfer: QJKA Inc / BSB: 064 152 / Acct: 1005 9240 / Ref: Childs' Name							
Office Use Only							
Date	received	d: :					
	ing fee r		:	EFT			
	of atten				Eligible/Non Eligible		
Siblin	n/Family	ı.		Y / N			