Chinchilla Community Kindergarten
24-26 Colamba St, P.O. Box 367 Chinchilla QLD 4413

**Phone: (07) 4662 7028**

**Email:** chinchillakindy@bigpond.com

Date:\_\_\_\_\_\_\_\_\_\_\_\_
Name of Parents/ Guardians:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby apply for the Annual Membership of the Chinchilla Community Kindergarten Inc. for the year \_\_\_\_\_\_\_\_\_.

I accept the terms and conditions of membership under the constitution of the Chinchilla Community Kindergarten Inc. and understand that I may resign from the association at any time by giving notice in writing to the Secretary. I have full voting rights at any General Meeting.

Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Details

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Of Birth:\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/ 20\_\_\_\_\_

Preferred Session: Please circle below to indicate your preferred session. All Sessions run from 8:50am to 2:50pm
Session 1: Monday, Tuesday (alternate Wednesday) (5 day fortnight)

Session 2: Alternate Wednesday, Thursday and Friday (5 day fortnight)

Are you aware of any additional support that your child may require during his/her enrolment at the centre?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
If for any reason, your child may need special assistance, please notify the centre as soon as possible so that the centre can plan for facilities and apply for funding to best meet the needs of your child.

Please tick the statement below to indicate your child’s immunisation status.

 My child’s immunisation status is up to date

 My child’s immunisation status is not up to date

**Direct Deposit Details for Enrolment of $50.00 are:**

**Account Information**

**Chinchilla Community Kindergarten Association Inc**

**BSB: 084602**

**Account Number: 508672975**

**Please remember to put your child’s name as a reference on the transaction.**