

<u>Cabarita-Mortlake Kindergarten</u> - <u>Waiting List Form</u>

Cnr. William & Denison Sts. Concord, NSW 2137 Telephone: (02) 97434446 Email: cabaritamortlakekindy@gmail.com

• There is a non-refundable fee of **\$20.00** to be returned with the form below.

If you are returning this form by hand, please bring the correct money

Alternatively the money can be deposited directly into our account and the waiting list form returned via post or email.

Direct Deposit: Cabarita-Mortlake Kindergarten Ass Inc. BSB: 082278 Acct no: 461224277 (Please use your child's name as reference)

Email: Address:(if different from above) Parent/Carer's name Given family Home Phone: Mobile:	Child's first name		
Child's date of birth Child's address: Parent/Carer's name Given family Home Phone: Mobile: Email: Address: (if different from above) Parent/Carer's name Given family Home Phone: Mobile:	Child's family name		
Child's address: Parent/Carer's name Given Mobile: Email: Address: (if different from above) Parent/Carer's name Given family Mobile: Mobile: Mobile: Mobile:	Child's Gender	male	female
Parent/Carer's name	Child's date of birth_		
Parent/Carer's name	Child's address: _		
Home Phone: Mobile: Email: (if different from above) Parent/Carer's name family Home Phone: Mobile:	_		
Home Phone: Mobile: Email: (if different from above) Parent/Carer's name family Home Phone: Mobile:	Parent/Carer's name_	Given	family
Address:(if different from above) Parent/Carer's name Given family Home Phone: Mobile:			
Parent/Carer's name Given family Home Phone: Mobile:	Email:		
Parent/Carer's name Given family Home Phone: Mobile:	Address:		(if different from above)
Given family Home Phone: Mobile:			
	, –		
	Home Phone:		Mobile:
Email:	Email:		
Address:(if different from above)	Address:		(if different from above)