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Waiting List Application

Child's Given Name:	
Child's Family Name:	
Date of birth://	Child's gender: ☐ Male ☐ Female
Home Address:	
Suburb:	
State:	Postcode:
Year to attend:	
□ 2021 (child born 1 July 2016 – 30 June 2017)	□ 2024 (child born 1 July 2019 – 30 June 2020)
□ 2022 (child born 1 July 2017 – 30 June 2018)	□ 2025 (child born 1 July 2020 – 30 June 2021)
□ 2023 (child born 1 July 2018 – 30 June 2019)	□ 2026 (child born 1 July 2021 – 30 June 2022)
Parent/Guardian details (primary contact):	
Given Name:	
Family Name:	
Home Phone:	Mobile Phone:
Email:	
Given Name:	
Family Name:	
Home Phone:	Mobile Phone:
Email:	
Older siblings who have attended LWKP & years atte	ended
Has your child been diagnosed with any of the follow	ving conditions? □ No □ Yes
☐ Asthma	☐ Speech Language
☐ Attention Deficit Disorder (ADD / ADHD)	☐ Autism Spectrum Disorder (ASD)
□ Diabetes	☐ Epilepsy
Lodgement details:	
The waiting list form must be submitted along with the Please returned completed form to Lutwyche Windso (admin@lwkp.com.au) or by post (Lutwyche Windsom)	or Kindergarten and Preschool by email
Lodgement and payment options:	
□ Cash □ Cheque □ Direct Deposit (BOQ, L	utwyche Windsor Kindy, BSB: 124157 Acc: 21894122)
Credit Card □ VISA □ Mastercard	
Card No:	
Exp date: / CCV: (3 digits b	peside the signature section on the back)