



Expression of Interest

You have enquired about placing your child in Catholic Community Kindergarten Bentley Park. The following information is required **prior to the commencement** of the enrolment process. It is important that you complete all sections to the best of your knowledge to ensure that the optimal placement of your child can be considered.

Children with medical and special care needs often have additional support requirements. It is vital that these needs are identified prior to enrolment as some modifications to services and resources may be necessary to best accommodate for all children in the setting.

The provision of personal information about your child is required under the *National Education and Care services Regulations 2012*. This information will remain confidential and be stored in accordance with the *Privacy and Personal Information Protection Act 1998*.

Please provide the following information and return to admin@cclc.catholic.org.au or PO Box 625 Cairns 4870. You will be sent notification as to the receipt of this expression of interest. Submission of this form **does not** constitute a guaranteed placement of your child at this service.

KINDERGARTEN COMMENCEMENT TIMELINE					
Children born	2019	2020	2021	2022	2023
1 July 2014 to 30 June 2015	Kindy	Prep	Year 1	Year 2	Year 3
1 July 2015 to 30 June 2016		Kindy	Prep	Year 1	Year 2
1 July 2016 to 30 June 2017			Kindy	Prep	Year 1
1 July 2017 to 30 June 2018				Kindy	Prep

CHILDREN DETAILS						
	Child One		Child Two		Child Three	
	M <input type="checkbox"/>	F <input type="checkbox"/>	M <input type="checkbox"/>	F <input type="checkbox"/>	M <input type="checkbox"/>	F <input type="checkbox"/>
FAMILY NAME:						
Child's Full Name:						
Child's Date of Birth:						
Kindergarten Commencement Date:						
Session Preference:	<input type="checkbox"/> Five day fortnight <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Five day fortnight <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Five day fortnight <input type="checkbox"/> <input type="checkbox"/>	
<i>Does your child have any recognized difficulties, disability or diagnosed medical condition that requires additional assistance? Please give details.</i>						
<i>If yes, how is this managed?</i>						

CONTACT DETAILS:			
Name:	Relationship to child/children		
Mailing Address:			
Telephone Contact:	Home	Mobile (1)	Mobile (2)
Email Contact:	Email (1)	Email (2)	

Please ensure your contact details are correct - Positions will be confirmed late October for a January commencement.

PARENT/GUARDIAN NAME (PLEASE PRINT):

SIGNATURE:

DATE:

Office use only:

DATE RECEIVED:	CONFIRMED BOOKING:	Enrolment package sent:	NOTES:
/ /	<input type="checkbox"/> YES Date: / /	Enrolment package returned:	
	<input type="checkbox"/> NO Date: / /	Interview date:	
	<input type="checkbox"/> Add to waiting list : / /	Position on waiting list:	