

# St Joseph's Catholic Kindergarten Blackall: Expression of Interest



1. Please contact Teacher/Director on 07) 49949370 if you require an interpreter or support in completing this form.
2. This *Expression of Interest* form is to be completed by families wishing to enrol their child at our centre. Fully completed *Expression of Interest* forms will ensure a child's placement onto the kindergarten's waiting list.
3. A separate form needs to be completed for every child within a family.
4. Children must have turned 3 years old prior to the commencement of kindergarten. However, priority will be given to those children who are within the kindergarten-age cohort (the year before commencement of formal schooling).
5. This application does not place your child on the adjoining school's waiting list. Families will need to make arrangements with the school to place their child on a waiting list for school.
6. Please complete all fields and use **BLOCK LETTERS**.
7. Information gathered on this form may be used for legislative requirements and/or to provide appropriate services for your child.
8. We ask families to notify the contact below if there are any changes to the details on this form e.g. contact details, requested days of attendance, additional support required for your child etc.

## Proposed Year of Attendance

Please tick the year your child will be attending the service (note the years in brackets indicating date of birth).

2017 (child born 1 July 2012 – 30 June 2013)

2020 (child born 1 July 2015 – 30 June 2016)

2018 (child born 1 July 2013 – 30 June 2014)

2021 (child born 1 July 2016 – 30 June 2017)

2019 (child born 1 July 2014 – 30 June 2015)

2022 (child born 1 July 2017 – 30 June 2018)

## Proposed Days of Attendance

Please note the current kindergarten days. **You will be notified in August the year before your child commences kindergarten of days and whether you have been offered a position.** For kindergarten-age children who are in their year prior to commencing school, a **minimum of 5 days** over the fortnight is required in alignment with the Qld Kindergarten Funding Guidelines. This expression of interest does not guarantee your child will be offered a kindergarten position. Placement of children into groups will be aligned with the *Diocesan Enrolment Procedure* on priority of access.

WEEK	MON	TUES	WED	THURS	FRI
1			✓	✓	✓
2			✓	✓	

## Additional Support Required

Please indicate if your child has additional needs to ensure support is available for your child on commencement of the kindergarten year:

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(Please attach any information that would support us in catering for your child at kindergarten.)

## Child and Family Details

<b>CHILD'S FULL NAME</b>			
<b>Name child is known by</b>			
Child's date of birth		<b>Child's gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child's address			
Does your child identify as:	Aboriginal Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <b>and/or</b> Torres Strait Islander Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <b>and/or</b> South Sea Islander Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Proposed year your child will be attending Kindergarten			
Health Care Card No. (if applicable.) /Concession Card			
Valid from date	(Please indicate parent/child HCC or Concession Card): Parent <input type="checkbox"/> Child <input type="checkbox"/>		
Expiry date of card			
Name on card			
School child will be attending year after kindergarten			
<b>PARENT/CARER 1</b> (Full Name)			
Relationship to Child			
Mobile Number			
Email Address			
Home Phone Number			
Address (include suburb & postcode) <small>This is the address that a letter of offer will be sent <input type="checkbox"/></small>			
Work Phone Number			
<b>PARENT/CARER 2</b> (Full Name)			
Relationship to Child			
Mobile Number			
Email Address			
Home Phone Number			
Address (if different to above) <small>This is the address that a letter of offer will be sent <input type="checkbox"/></small>			
Work Phone Number			
<b>Primary language spoken at home</b>	<b>Child</b>	<b>Parent/Carer - 1</b>	<b>Parent/Carer - 2</b>

<b>PLEASE RETURN THIS FORM TO:</b>	<b>TEACHING DIRECTOR, ST JOSEPH'S CATHOLIC KINDERGARTEN, ST ANDREWS ST, BLACKALL Q 4472</b>		
<b>OR EMAIL TO:</b>	<b><a href="mailto:sjbl_elc@rok.catholic.edu.au">sjbl_elc@rok.catholic.edu.au</a></b>		
<b>OFFICE USE ONLY:</b>	<b>DATE RECEIVED:    /    /    </b>		
Comments / Additional Documentation Attached: Name of Authorised Person Receiving Form: _____ Signed: _____			
Child Confirmation: Please keep this slip as confirmation of your child's placement on the St Joseph's Catholic Kindergarten Blackall waiting List.			
Child's Name: _____		Child's DOB: ____/____/____	
Date Received: ____/____/____		Teacher: _____ Signed: _____	