



Christian Early Learning Day Care and Kindergarten

Waiting list application

Parent name/s:	
Address:	P/code:
Mobile:	Land line:
Email:	
1. Child's Name:	D.O.B:
2. Child's Name:	D.O.B:
<b>Long Day Early Learning Program</b>	
Date care required:	
Number of days care required:	
Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/>
Will your child access funded 4 year old kindergarten through our long day program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
If yes, in which year _____	
<b>Short Day Kindergarten Program</b>	
Do you wish for your child to attend:	
<input type="checkbox"/> 3 year old Short Day Kindergarten Year _____	<input type="checkbox"/> 4 year old Short Day Kindergarten Year _____
Which year will your child commence school:	<input type="checkbox"/> 2020 <input type="checkbox"/> 2021 <input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025
<b>How did you first hear about Oxley Kids?</b>	
<input type="checkbox"/> Friend or Relative	<input type="checkbox"/> I am a Past Student <input type="checkbox"/> Internet Search
<input type="checkbox"/> Sibling currently attends Oxley Kids/College	<input type="checkbox"/> Other _____
Siblings name _____	
<b>Please tick all that apply to you and your family</b>	
<input type="checkbox"/> Religious affiliation _____	
<input type="checkbox"/> Child with a disability. Please give details: _____	
<input type="checkbox"/> Both parents work or study	
<input type="checkbox"/> Have you already enrolled or intend to enrol the above mentioned children to Oxley Christian College?	
<input type="checkbox"/> English as a second language, please state primary language _____	
<b>Office use only</b>	
Date received:	Entered into QikKids:
Confirmation sent:	Entered into Waitlist: