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Waiting List Form

Pre-Prep Year (Please circle)				
2016	2017	2018	2019	2020
Child's Surname: _____				
Child's Christian Name: _____				
Sex: _____ Date of Birth: _____ Special Needs: _____				
Father's Surname: _____				
Christian Name: _____				
Mother's Surname: _____				
Christian Name: _____				
Residential Address: _____				
			Postcode: _____	
Postal Address: _____				
Home Phone No: _____		Mobile Phone No: _____		
Father's Work No: _____		Mother's Work No: _____		
E-mail address: _____				

Note: This is not an enrolment form. It is merely an indication to the Committee that you desire your child's name to be placed on the waiting list and considered for enrolment in due course.

Parent Signature: _____ Date _____

Office Use Only:

Group Preference:	Receipt Number	Comments:	Form Number