



Cabarita-Mortlake Kindergarten Ass. Inc

A non-profit independent community organisation
Corner of William & Denison Streets, Concord, NSW 2137 ABN 43 504 281 199

Email: cabaritamortlakekindy@gmail.com

Phone Number: 9743 4446

Waitlist Application Form

A non-refundable application fee of **\$20.00** is to be returned with the waitlist application.

Payment can be made in cash (correct money please if returning the form in person) or by direct deposit to:

Cabarita Mortlake Kindergarten Ass Inc.

BSB: 082-278 Account No: 461 224 277 (please use child's name as reference)

Child's First Name/Surname: _____

Date of Birth: _____

Child's Gender:

Male

Female

Unspecified

Child's Address: _____

Parent/Carer First Name: _____

Parent/Carer Surname: _____

Mobile No: _____

Email: _____

Address (if different from child's): _____

Parent/Carer First Name: _____

Parent/Carer Surname: _____

Mobile No: _____

Email: _____

Address (if different from child's): _____

Special Considerations:

Please tick any/all that apply

Yes No

Is your child Aboriginal or Torres Strait Islander?

Do you have a Low-Income Health Care or Pension Card?

(if yes please provide a copy of the card)

Does your child have a diagnosed disability?

(if yes please provide documentation)

NDIS Number: _____