

The Hills Community Kindergarten - Waiting List Application - \$10 per child

Child's Name: Lavinia Ma
(Given Name) (Surname)

Child's Preferred name: Nini Child's Sex: Male / Female (please circle)

Child's Date of Birth: 22 / 12 / 2015 Country of birth: Australia

- What year would you like your child to start with us? 2020
- Does your child have any additional needs as listed below?
 - A Disability [] Yes [] No
 - A Developmental Delay [] Yes [] No
 - Other [] Yes [] No

If yes to any of the above, please give further details:

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- Are there any areas of major or minor concern in regard to your child's development, behaviour or health? If yes, please give further details:

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- What is the main language spoken at home: Mandarin
 - Does your child need support with speaking and understanding English? [] Yes [] No
 - Do you have a current low income Health Care Card or Pensioner Concession card? [] Yes [] No
(This information will assist us in determining your eligibility for fee relief)
 - Is your child recognised as being of Aboriginal / Torres Strait Islander descent? [] Yes [] No
 - Have any siblings previously attended the Hills Community Kindergarten? [] Yes [] No
 - Is your child immunised? [] Yes [] No
 - Any further information which may be of assistance:

Parent / Guardian 1 Details	
Given Name:	BIYOU
Surname:	MA
Relationship to child:	Father
Country of Birth:	China
Mobile:	0499734369
Email:	mabiyou@hotmail.co

Parent / Guardian 2 Details	
Given Name:	YAN
Surname:	LI
Relationship to child:	Mother
Country of Birth:	
Mobile:	0404842267
Email:	yijv2013@gmail.com

I have read the registration information and include the registration fee.

Signed: Yan

Date: 11 / 12 / 2019

Mr / Mrs / Ms
(Circle one)

Yan

(Given Name)

Li

(Surname)

OFFICE USE ONLY

Date Received:/...../..... Order Amount Received: \$..... Cash / Chq / EFT
Comments: