

# Yolanda Kramer Kindergarten

73a Albyn Road, Strathfield NSW 2135 Phone 9642 3550

(ABN) 57 951 744 104

AN APPLICATION FEE OF \$10 MUST ACCOMPANY THIS APPLICATION FORM

## APPLICATION FORM

SURNAME : .....

CHILD'S GIVEN NAME(S): .....

DATE OF BIRTH : ..... SEX: MALE / FEMALE

NAME OF PARENT OR GUARDIAN: MRS/MS: .....  
GIVEN NAME(S) SURNAME

MR : .....  
GIVEN NAME(S) SURNAME

HOME ADDRESS: .....

POST CODE: ..... HOME PHONE NO: .....

EMAIL ADDRESS: .....

OCCUPATION OF MOTHER:.....

BUSINESS ADDRESS (MOTHER): .....

BUSINESS PHONE NO (MOTHER) : ..... MOBILE PHONE NO: .....

OCCUPATION OF FATHER : .....

BUSINESS ADDRESS (FATHER): .....

BUSINESS PHONE NO (FATHER) : ..... MOBILE PHONE NO: .....

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS?  NO  YES .....  
Name of Condition

PROPOSED DATE OF ENTRY TO YOLANDA KRAMER KINDERGARTEN: .....

NUMBER OF DAYS PER WEEK REQUIRED: -

(PLEASE TICK) 2 DAYS [ ] MON/TUES. 3 DAYS [ ] WED./THUR/FRI 5 DAYS [ ]

NAMES OF ANY SIBLINGS PREVIOUSLY ATTENDING: .....YEAR(S) .....

**N.B. CONDITIONS OF ENTRY:** One term's notice must be given in writing before a child is withdrawn, otherwise payment must be made of a term's fee in lieu of such notice. Parents and guardians undertake to observe and abide by all Kindergarten regulations.

**PAYMENT OF FEES:** All fees are payable *on or prior to first day of each term* (unless a payment plan has been arranged and accepted by Yolanda Kramer prior to commencement of each term). Yolanda Kramer reserves its right and has sole discretion to offer your child's place to the next child on the waiting list without any further notice if you fail to pay all fees on or prior to first day of each term (unless a payment plan has been arranged and accepted by Yolanda Kramer prior to commencement of each term). A reduction of 10% is made in respect of each younger child in a family attending the Kindergarten at the same time.

**PARENTS' CLUB:** A set nominal fee is billed per family, per term. Currently, the fee is \$25 per term. Individual expenses (ie Mothers' Day Gift & childrens' entertainment) is billed separately.

PROPOSED YEAR TO LEAVE YOLANDA KRAMER TO COMMENCE TRANSITION CLASS OR

PRIMARY SCHOOL : .....

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

This form should be forwarded to The Director, P.O. Box 466, Strathfield, 2135, as soon as possible.

Children will be accepted only when vacancies occur.

\*Note: Children must be at least 3 years old to attend Kindy.