



**LEN
JEFFREY
MEMORIAL
PRESCHOOL**



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Application for Enrolment

Effective from January 2016 subject to change

So that you do not need to complete another enrolment form for the following year, please complete the following section for the life of your child at Len Jeffrey Memorial Pre School. You will be invoiced the appropriate enrolment fee (for the following year) in the term 2 invoices.

This application is for my child to attend in 20__ please circle

- | | |
|-------------------------------|--|
| 4 year -old program | 4 year old program (second year of funded) |
| 3 year -old program 1 session | 3 year -old program 2 sessions |

This application is for my child to attend in 20__ please circle

- | | |
|-------------------------------|--|
| 4 year -old program | 4 year old program (second year of funded) |
| 3 year -old program 1 session | 3 year -old program 2 sessions |

This application is for my child to attend in 20__ please circle

- | | |
|-------------------------------|--|
| 4 year -old program | 4 year old program (second year of funded) |
| 3 year -old program 1 session | 3 year -old program 2 sessions |

If this application is for a second year of funded kindergarten please attached relevant paperwork.

Child's family name: _____

Given Names: _____

Childs date of birth: __/__/__ Male Female

Parents/guardians names: _____

Address: _____ Postcode: _____

Relationship to child: _____

Mother's date to birth: __/__/__ Father's date of birth: __/__/__

Telephone number [Home] _____ [Business] _____ [Mobile] _____

Email: _____

Language/s spoken at home: _____

DHS provides a fee subsidy for health care card holders (funded kindergarten program only). Please indicate if you or your child holds one of the following concessions and enter the number and expiry date.

Commonwealth Health Care Card

Commonwealth Pensioner Concession Card

Card/Visa 786/785 Number and expiry date: _____

Has your child seen a specialist? YES NO

If yes, please specify: _____

Has your child attended child care previously? YES NO

Children with additional needs

Does your child have additional needs?

If yes, please specify: _____

[you are encouraged to discuss your child's needs with the teachers when your child's place is confirmed]

Is your child registered with a specific agency? YES NO

Name of agency: _____

Is your child of Aboriginal or Torres Strait Islander descent?

NO Yes, Aboriginal Yes, Torres Strait Islander

Does your child need assistance in the following?

Speech YES NO

Walking YES NO

Sight YES NO

Socialising

Hearing YES NO

With Children YES NO

Toileting YES NO

With Adults YES NO

What school do you anticipate your child attending? _____

Are there any days you prefer? _____

[Please note we will attempt to fulfil your request however we are unable to guarantee this preference]

Signature of parent/guardian: _____

Enclose a copy of the Birth Certificate or suitable evidence of child's birth date. 'No Jab, No Play' requires all children to be fully vaccinated to be enrolled in childcare or kindergarten in Victoria. Your child's immunisation certificate must be presented along with birth certificate.

- Enclose a \$60 non-refundable application fee with the enrolment application form and any additional forms or copies required **(Fee effective from July 2016, subject to change. No application fee required for 4 year old kinder for those with a current healthcare or pension card)**
- Forward completed Application for Enrolment either by post or drop off to the kinder, with attachments, to the enrolment officer by September 30th.
- You will be notified mid October as to whether your application has been successful. Successful applicants will be required to attend the Annual General Meeting at which time you will be able to collect information regarding days and session times for your child.
- Please notify the Enrolment Officer of any changes to the address or other relevant information.

THE KINDER WILL BE CLOSED ON TOTAL FIRE BAN DAYS. NO CLASSES WILL RUN.