

11 Watt Avenue, Oak Park VIC 3046 Phone 9306 7466 ABN 60803181261

Enrolment Application Form

		-		
This application is (This fee is not apple) forward the comple Watt Ave, Oak Par notify the service of kindergarten on 93	the child's birth certification of the child's birth certification of the child in	icate or suitable ev fee, which is not re \$30 fee is attached is currently attendir cation form with att ur address or other	fundable and cove	rs administrative costs. s re-enrolling) nrolment Officer, 11 on by contacting the
This application is for			_	
	•	4 year old kinderga	rten 🗌 Year	
This application is for	a second year of fur	nded kindergarten	☐ Yes •	□ No •
If yes, please attach a	a copy of the relevan	t paperwork.		
Child's family name:				
Child's given names:				
Address:				
			Doot	anda.
			Post	code:
Date of birth:/_	/	☐ Male •	☐ Female •	
Parent/guardian nam	e:			
Telephone number:	(Home)		(Business)	
	(Mobile)			
Parent/guardian nam				
Ç				
Telephone number:	(Home)		(Business)	
	(Mobile)			

Returning Families				
Does the child have a sibling the	at attended the service in the previou	is 6 years?	☐ Yes	☐ No •
If yes, please provide sibling na	me:			
Kindergarten Fee Subsidy DEECD provides a fee subsidy	for eligible families. Please indicate i	f you are elig	ible for one	e of the
following concessions, or meet	_	,		
Health Care Card	Pensioner Concession Card			
DVA Gold Card	Bridging Visas A–F			
Temporary Protection/Humanita	arian Visas 447, 451, 785 or 786			
Resolution of Status Visa (RoS)	Visa Class CD, Subclass 851 ☐			
Refugee and Special Humanital	rian Visas 200–217 🔲			
Triplets or Quadruplets	Aboriginal or Torres Strait Islander			
Supporting documentation will r Enrolment Officer	need to be sighted on commencemer	nt at Glen Oa	k Kinderga	ırten by the
	sions may vary from time-to-time. ov.au/ecsmanagement/careanking			
Children with additional ne	eds			
Does your child have additional	☐ Yes	• [] No	
If yes, please specify:				
You are encouraged to discuss confirmed.	your child's needs with the educator	when your cl	hild's place	e is
Is your child registered with a sp	☐ Yes	• [] No	
Name of support service/agenc	y:			
Signature of parent/guardian:				
Date:				