

# **KINDERGARTEN APPLICATION FORM**

**ENTRY YEAR:** 

PROGRAM: 3 YEAR OLD 4 YEAR OLD

# **CHILD'S DETAILS:**

Surname:	Given Names:	
Date of Birth:	Gender:	🗖 Male 🗖 Female
Country of Birth:	Family's Ethnic Background:	
Language Spoken at Home:	Current Pre- School/Kindergarten:	

# PARENT/GUARDIAN DETAILS:

	Parent 1:		Parent 2:	
Title:				
Surname:				
Given Name:				
Address:				
Suburb:		PC:		PC:
Phone No.				
Email:				
Date of Birth:				

# KINDERGARTEN APPLICATION FEE (\$33):

PAYMENT OPTIONS (Please Note: This is a non-refundable/non-transferrable administration fee. Families who meet the funding eligibility criteria detailed on the back page are not required to pay this application fee.)

Cash or EFTPC	DS in	person only					
Cheque – Payı	ment	of \$33 is enclosed made payable	to Marymede	e Early L	earning	Centre	
Mastercard	Y	VISA - Charge to the value of \$33					
Card Number:				CCV:		Expiry Date:	/
Cardholder Name (Please Print)	:			Signatu	ure:		
OFFICE USE ONLY: EFT/CC/CASH/CHEQ	UE	FEE PAID: \$	BIRTH CE	ertifica	TE SUBN	1ITTED: Y/N	DATE:

## FUNDING ELIGIBILITY:

\*Health Care Card

Please indicate if your child is eligible in any of the following circumstances:

\*DVA Gold or White Card

Date:

\*Bridging Visa 200–294, 786 or 866 Triplets or Quadruplets

\*Pensioner Concession Card

Known to Child Protection or Child FIRST Aboriginal or Torres Strait Islander Refugee and Asylum Seeker Visas 200 - 204, 786 or 866

\*Supporting documentation will need to be sighted on commencement at Marymede Early Learning Centre.

Eligible families who receive the Kindergarten Fee Subsidy will be required to pay the gap between the subsidy amount and the annual Centre fees. Up-to-date funding information can be found at www.education.vic.gov.au/childhood/parents/kindergarten/Pages/fees.aspx

## **ADDITIONAL NEEDS OF THE CHILD:**

Is the child attending any developmental support programs and do they require assistance in order to participate?

Yes No Eg. Speech Therapy, Early Intervention
If yes, state the program and provider:
s your child currently receiving integration funding due to a disability?
Yes No
Does the child have any allergies or chronic medical conditions?
Yes No If yes, please provide details:
CHECKLIST & AUTHORISATION: (Please tick checklist to ensure your application is complete)
Birth Certificate
\$33 Kindergarten application fee (non-refundable)
Copy of supporting documentation for funding eligibility (where applicable)
I consent to my information being shared with the City of Whittlesea Council if required
Name of Parent/Legal Guardian:

Signature of Parent/Legal Guardian:

## **POLICIES:**

## NO JAB, NO PLAY

From the 1 January 2016 the Victorian State Government requires children attending Early Childhood Services to have upto-date immunisation. Should parent/s accept an offer for their child to commence at Marymede Early Learning Centre, commencement is subject to an up-to-date Immunisation Status Certificate being provided. The certificate must be sourced and dated to be within 2 months of the child commencing at Marymede Early Learning Centre. For more information visit https://www.betterhealth.vic.gov.au/campaigns/no-jabno-play

#### ENROLMENT AT MARYMEDE CATHOLIC COLLEGE

Enrolment at Marymede Early Learning Centre does not guarantee enrolment at Marymede Catholic College. Enrolment applications at Marymede Catholic College will be accepted based on the enrolment policy of Marymede Catholic College.

## PRIVACY POLICY

Information submitted in this form is stored in accordance with the Centre's Privacy Policy which can be found at www.marymede.vic.edu.au/marymede-early-learning-centre

## HOW TO SUBMIT YOUR APPLICATION:

#### Email: kindergarten@marymede.vic.edu.au

Mail/In Person: Centre Director @ Marymede Early Learning Centre, 60 Williamsons Road, South Morang 3752