



## **Enrolment Application Form 3 year old non funded program**

**If your child attends a 3 year old program at the Stables Kindergarten, they do not automatically receive a place for 4 year old kindergarten. Parents need to make a separate application through Council's Kindergarten Enrolment and Liaison Officer.**

Complete this enrolment application form and:

- forward the completed enrolment application form to  
Stables Kindergarten – PO Box 65 – Mill Park LPO 3082
- notify the service of any changes to your address or other relevant information by contacting  
Nadia Totham on 9404 1419.

### **Enrolment and immunisations**

The Government's No Jab No Play laws require all children to be age-appropriately immunised before enrolment can be confirmed.

Parents/guardians offered tentative places will be asked to provide immunisation documentation upon acceptance of place that shows that their child's immunisations are up to date for their age or that an exemption applies.

Confirmation of places is finalised after the documentation has been assessed that the child is up to date or that the child is on a recognised catch-up schedule if they have fallen behind with their vaccinations, or that the child has a medical reason not to be vaccinated or that the child has been assessed as being eligible for a 16 week grace period.

Further information on immunisation requirements for enrolment in early childhood services is available on the State Government's [Better Health Channel](http://www.betterhealth.vic.gov.au/campaigns/no-jab-no-play) at [www.betterhealth.vic.gov.au/campaigns/no-jab-no-play](http://www.betterhealth.vic.gov.au/campaigns/no-jab-no-play)

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This application is for my child to attend the Stables Kindergarten in: **Please Circle**

2018

2019

2020

Child's given name: \_\_\_\_\_

Child's Family name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Male

Female

Parent/guardians' given name: \_\_\_\_\_ Family name: \_\_\_\_\_

Relationship to child:  Mother

Father

Guardian

Address: \_\_\_\_\_

\_\_\_\_\_  
Postcode: \_\_\_\_\_

Home Phone No: \_\_\_\_\_

Mother's Mobile No: \_\_\_\_\_

Father's Mobile No: \_\_\_\_\_

Guardians Mobile No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Language/s spoken at home: \_\_\_\_\_

Is the child of Aboriginal and or Torres Strait Islander descent?  Yes  No

To assist us in determining if your child meets our enrolment policy eligibility criteria, please tick "yes" or "no" to the following questions.

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| • Do you have Stables Kindergarten as 1 <sup>st</sup> preference for 4-year-old kindergarten? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have other children currently attending the kindergarten?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you had older children attend the Stables Kindergarten in previous years?              | <input type="checkbox"/> | <input type="checkbox"/> |
| • Will your child be attending a primary school in our local community?                       | <input type="checkbox"/> | <input type="checkbox"/> |

Other reasons why you would like your child to attend the Stables Kindergarten:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Specific Needs / Medical Conditions

In providing the following information you will help us to ensure a smooth transition into our service for your child. Do you have any concerns about any aspect of your child's development? e.g. speech/hearing/ fine or motor skills/ social or emotional development/allergies/ other medical conditions?

Yes  No Please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child registered with a specific support service/agency?  Yes  No

Name of support service/agency: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_