



ABN: 59466515416

Office use only

Date Received: _____

Date Fee Received: _____

Date Receipt Sent: _____

Enrolment Application Form

Please select the relevant kinder program years you wish to enrol our child:		
2020:	<input type="checkbox"/> Three-Year-Old Kinder	<input type="checkbox"/> Four-Year-Old Kinder
2021:	<input type="checkbox"/> Three-Year-Old Kinder	<input type="checkbox"/> Four-Year-Old Kinder
Multiple years:	<input type="checkbox"/> Three-year-old kinder in 2020 and continuing to 4-year-old kinder in 2021 <input type="checkbox"/> Three-year-old kinder in 2021 and continuing to 4-year-old kinder in 2022	

Child's Surname:	
Child's Given Names:	
DOB:	Gender (please tick): <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian's Name:	
Child's Address:	
Postal Address (if different to above):	
Email Address:	
Home Phone:	Mobile Phone:
Have siblings attended the kinder in prior years? (please tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide names of siblings and year of attendance: 1. 2.	
Does your child have additional needs? (please tick) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>For Yes responses, you are encouraged to discuss your child's needs with the teacher when your child's place is confirmed.</i>	
Is your child registered with a specific agency? If yes, name of agency:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commonwealth Healthcare Card:	<input type="checkbox"/> Yes <input type="checkbox"/> No Card No: _____ Expiry Date: _____
Commonwealth Pensioner Concession Card:	<input type="checkbox"/> Yes <input type="checkbox"/> No Card No: _____ Expiry Date: _____
Card/Visa 786/786:	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE REMEMBER TO NOTIFY US OF ANY CHANGES TO YOUR APPLICATION DETAILS

To place your child on the waitlist for Civic Kindergarten you will need to provide the following:

- Completed application form
- Child's birth certificate. Note your child must be aged 2 years of age or older to be placed on the waitlist.
- Current Medicare Immunisation Certificate
- Proof of Residency in City of Port Phillip (utilities bill or similar). Priority given to families residing in City of Port Phillip.
- Payment of a \$40 non-refundable application fee. Please make payment to "Pre-School Association Middle Park". Direct deposit to BSB: 704-191 Account No: 283461. Record "WAIT" then the "CHILDS LAST NAME AND INITIAL" in the transaction reference field.
OR PayID – civic.kin@kindergarten.vic.gov.au

Email your completed application form and documentation to civic.kin@kindergarten.vic.gov.au or forward to Civic Kindergarten, 256 Richardson Street, Middle Park 3206.