



Office use only	
Date Received:	_____
Date Fee in Account:	_____
Date Receipt Sent:	_____
LOO:	_____
Accepted/Declined:	_____

2022 – 2025 Enrolment Application Form

Please select the box for kindergarten program years you wish to enrol your child:

2022:	<input type="checkbox"/> Just 3 Year Old Kinder	<input type="checkbox"/> Just 4 Year Old Kinder	<input type="checkbox"/> Both 3 year old kinder in 2022 & 4 year old kinder in 2023
2023:	<input type="checkbox"/> Just 3 Year Old Kinder	<input type="checkbox"/> Just 4 Year Old Kinder	<input type="checkbox"/> Both 3 year old kinder in 2023 & 4 year old kinder in 2024
2024:	<input type="checkbox"/> Just 3 Year Old Kinder	<input type="checkbox"/> Just 4 Year Old Kinder	<input type="checkbox"/> Both 3 year old kinder in 2024 & 4 year old kinder in 2025

Child's Surname: _____

Child's Given Names: _____

DOB: _____ **Gender:** Male Female

Parent/Guardian's Name (main contact): _____

Child's Address: _____

Main Contact Email Address:

(Any Letters of Offers are sent to this email address)

Main Contact Mobile Phone: _____

Have siblings attended the kinder in prior years? Yes No

Yes, please provide names of siblings and year of attendance:

2. _____

Does your child have additional needs? Yes No

For Yes responses, you are encouraged to discuss your child's needs with the teacher when your child's place is confirmed.

Is your child registered with a specific agency? Yes No If yes, name of agency: _____

Do you hold a valid*Commonwealth Health Care Card (CHCC)? – refer to *Note:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Card No:	_____	Expiry Date:	_____
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Do you hold a valid *Pensioner Card (PC)? – refer to *Note:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Card No:	_____	Expiry Date:	_____
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NOTE - Original CHCC or PC and photo identification to be presented in person to Administration Officer at time of submitting this application. State the CHCC or PC presented to Administration Officer:

Card / Visa 786 / 786: Yes No

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

- Completed application form
- Child's birth certificate. *Your child must be aged 2 years of age or older to be placed on the waitlist.
- Current Medicare Immunisation Certificate History
- Proof of Residency in City of Port Phillip (utilities bill). Priority given to families residing in City of Port Phillip.
- Payment of a \$40 non-refundable application fee. Please make deposit to:
PayID: civic.kin@kindergarten.vic.gov.au

Email your completed application form and documentation to civic.enrolment@kindergarten.vic.gov.au

****PLEASE NOTE IF A PLACE IS OFFERED, DEPOSIT (TERM 1 FEE) IS NON-REFUNDABLE**

****Exceptional circumstances may apply less \$100 admin fee.**

Refer to the Fee Policy on our website www.civickinder.org.au/Fees

Civic Kindergarten General Information visit www.civickinder.org.au

Tel: 0403 097 244

256 Richardson Street, Middle Park Vic 3206