

Brunswick Kindergarten
61 Glenlyon Road
BRUNSWICK, VIC 3056
Tel: 9380 8948
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EXPRESSION OF INTEREST

**THREE YEAR OLD
APPLICATION**

**YEAR
20_____**

Enrolment applications are processed according to the Kindergarten enrolment policy which is available at the Kindergarten

PLEASE NOTE: As of 1 January 2016, every child enrolled in kindergarten must be fully immunised for their age, or have an approved exemption. Evidence of an **up-to-date Immunisation History Statement** will be required to complete enrolment.

CHILD'S DETAILS

Family Name Given Name(s).....

Date of Birth Sex: M F Other

Is the child of Aboriginal and/or Torres Strait Islands origin? Yes No

Does the child have any medical conditions, allergies or sensitivities? Yes No

Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? Yes No

If 'yes' you are encouraged to discuss your child's needs with the teacher when your enrolment is confirmed.

PARENT/GUARDIAN DETAILS

Parent/Guardian Family Name..... First Name.....

Home Address..... Postcode.....

Phone (H).....(W).....(M).....

Email.....

(please print clearly – offers will come out via email from late June in the year preceding enrolment)

DECLARATION AND CONSENT

I,a person with lawful authority of the child referred to in this enrolment form
(Print Full name)

- Declare that the information in this application form is true and correct and undertake to immediately inform the children's service in the event of any change to this information;

Signature (Parent/Guardian) Date.....

Checklist: Have you

- Included a copy of legal documents showing child's date of birth
- Previously attended already supplied birth certificate
- Mentioned your child will have siblings attending in the same year
- Mentioned your child has had siblings attend the centre – important for enrolment priority

Year attended:
Group: