

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

**FOUR 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: