

Edithvale

Pre School Centre Association Inc

29 Fraser Avenue, Edithvale, 3196

Telephone/Fax: 9772 3136

ABN: 15 889 746 715

Edithvale Preschool Application Form for Three Year Old Kindergarten 2021

Will your child be aged three years by 30/04/2021?*

*To be eligible to attend a participating Kindergarten program, a child must be three years old on or before 30 April in the year that they are to attend the program.

Please note: A child cannot attend 3YO Kindergarten until they are three years of age. Completion of this application form does not guarantee placement. If the child receives a place at Edithvale Preschool, a separate Enrolment Form will need to be completed prior to the child commencing 3YO Kindergarten at the service.

1. CHILD'S DETAILS

Given Names (as stated on Birth Certificate): _____

Family Name/Surname: _____

Date of Birth (dd/mm/yy): _____

Country of birth: _____

Gender: Male Female Other

Is your child from a culturally and linguistically diverse background? Yes No

Is your child of Aboriginal or Torres Strait Islander origin? Yes No

Does the child have refugee or asylum seeker status? Yes No

Is the child eligible for Early Start Kindergarten? (Must be Aboriginal and/ or Torres Strait Islander or known to Child Protection)

Yes No

Is your child currently in an Out of Home Care arrangement including kinship care? Or are they known to child protection? Out of home care is the term used to describe the placement of children away from their parents, due to concern that they are at risk of significant harm If Yes, please provide details.

Yes No

Additional Needs

Does your child have a diagnosed disability? Are you on the waiting list or accessing any specialist services? If Yes, please attach supporting evidence.

Yes No

Is the child in a family which includes a person with a diagnosed disability? If Yes, please provide supporting documentation.

Yes No

The collection and handling of personal information is in accordance with Edithvale Preschool's Privacy Policy which is available for inspection at, or collection from Edithvale Preschool.

2. PARENT/LEGAL GUARDIAN DETAILS

Parent/Legal Guardian 1

Title: Mr Mrs Ms Miss Dr Other

Given

Name: _____

Family Name/Surname: _____

Relationship to child: _____

Residential Address: _____

Suburb: _____ Postcode: _____

Telephone Work: _____ Home: _____

Mobile: _____

Language/s spoken at home: _____

Interpreter required: Yes No

Postal address (if different to above): _____

Email address: _____

Parent/Legal Guardian 2

Title: Mr Mrs Ms Miss Dr Other

Given

Name: _____

Family Name/Surname: _____

Relationship to child: _____

Residential Address: _____

Suburb: _____ Postcode: _____

Telephone Work: _____ Home: _____

Mobile: _____

Language/s spoken at home: _____

Interpreter required: Yes No

Postal address (if different to above): _____

Email address: _____

This 3YO Application form can be returned via email to: enrolments@edithvalepreschool.org

Or returned via post or in person to our service:

Edithvale Preschool

29 Fraser Ave

Edithvale VIC 3196