

BIRREGURRA PRESCHOOL CENTRE
ENROLMENT APPLICATION FORM

IS YOUR CHILD FULLY IMMUNISED FOR THEIR AGE? Yes No

Date of Application (today's date): _____

This application is for my child to attend the **three-year-old** program in _____ (insert year)

This application is for my child to attend the **funded kindergarten** program in _____ (insert year)

Is this application for a **second year** of funded kindergarten? Yes / No

If yes, please attach relevant paperwork. DEECD notification letter of approval for second year of kindergarten.

Child's family name: _____

Given names: _____

Date of birth: ____/____/____ Male Female

Parents/guardians names: _____

Address: _____

_____ Postcode: _____

Telephone number: [Home] _____ [Business] _____

[Mobile] _____

Email address: _____

Language/s spoken at home: _____

DEECD provides a fee subsidy for health care card holders (funded kindergarten program only). Please indicate **(tick)** if you or your child holds one of the following concessions and enter the number and expiry date:

..... Commonwealth Health Care Card

..... Commonwealth Pensioner Concession Card

..... Card/Visa 786/785

Number and expiry date: _____

Children with additional needs

Does your child have additional needs Yes No

If yes, please specify: _____

[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

Name of agency: _____

Signature of parent/guardian: _____

How do I enrol?

Complete the above enrolment application form.

Enclose a copy of the Birth Certificate or suitable evidence of the child's birth date.

- Forward completed enrolment application form, with attachments to Birregurra Preschool Centre, 95 Main Street, BIRREGURRA VIC 3242
- Please notify the centre of any changes to your address or other relevant information on 03 52 362 096.