

2016 KINDERGARTEN APPLICATION (East Gippsland)

Please note - This is NOT an Enrolment Form. This application form DOES NOT guarantee a place.

CHILD DETAILS:

Child's First Name: _____ Surname: _____

Date of Birth: ___/___/___

Male Female

I have attached a copy of my child's birth certificate as proof of age.

First language spoken at home: English Other (please specify) _____

PARENT/S OR GUARDIAN/S WITH WHOM THIS CHILD RESIDES:

Parent/Guardian 1 Mr / Mrs / Miss / Ms (Please circle)

First Name: _____ Surname: _____

Postal Address: _____ Post Code: _____

Residential Address (required): _____

Contact Numbers: M: _____ H: _____ W: _____

Email Address: _____

(Note: All correspondence will be **emailed** to Parent/Guardian 1 unless otherwise specified)

Relationship to Child: _____

Parent/Guardian 2 Mr / Mrs / Miss / Ms (Please circle)

First Name: _____ Surname: _____

Address: Same as above

Or if different: _____

Contact Numbers: M: _____ W: _____

Email Address: _____

Relationship to Child: _____

EMERGENCY CONTACT DETAILS: (NOT PARENT/GUARDIAN)

Please advise the name and phone number/s of another person to contact should an emergency occur and parents/guardians are unable to be contacted. Please advise this person that you have nominated them.

First Name: _____ Surname: _____

Contact Numbers: M: _____ H: _____ W: _____

Relationship to Child: _____

KINDERGARTEN FEE SUBSIDY FUNDED PROGRAM ONLY

The child maybe eligible to access free or low-cost kindergarten

1. Holds one of the following Current Concession Card**Are you a holder of any of these cards? Card Type:(Tick applicable box)**

- Health Care Card Pensioner Concession Card Department of Veterans Affairs Gold Card
- Asylum Seeker on Bridging Visa A - F Refugee / Humanitarian Visa 200 - 217 Temporary Protection or Humanitarian Visas 447, 451, 785 and 786
- Resolution of Status visa class CD, Subclass 851

Card Number: _____ **Issue date:** __/__/__ **Expiry Date:** __/__/__**2. The child has been identified as being Aboriginal and/or Torres Strait Islander.****Is your child of Australian Aboriginal or Torres Strait Islander origin? (Tick only one box)**

- Yes, Aboriginal Yes, both Aboriginal and Torres Strait Islander
- Yes, Torres Strait Islander No, not Aboriginal nor Torres Strait Islander

3. If your child is a triplet or quadruplet Triplets Quadruplets**Information about your child****Has your child previously attended or received (please tick):**

- 3yo Education and Care program 4yo Funded kindergarten program
- Kindergarten Inclusion Support (KIS) package Early Start Grant

Do you feel your child has any concerns with (please tick):

- Speech Hearing Sight Epilepsy
- Diabetes Heart condition Co-ordination difficulties Autism
- ADHD Hyperactivity Behaviour Allergy
- Anaphylaxis Asthma
- Other medical conditions (please specify):

Is your child receiving any form of Additional Support or Early Intervention from the following agencies:

- Scope Specialist Children's Services
- Noah's Ark Private Therapist

Prior to commencing kindergarten it is recommended that your child's development and health is assessed by a Maternal & Child Health nurse at 3.5 yrs of age. Please contact your local M&CH centre for further information

KINDERGARTEN PREFERENCES

Please tick boxes indicating your preference of kindergarten for your child

WILD CHERRY (Steiner)

72 Lucknow Street BAIRNSDALE, VIC 3875

Tuesday, Wednesday and Thursday 9am – 2pm

Kindergarten Fees

Funded program: \$345.00 per term for 15 hours per week

BAIRNSDALE EARLY LEARNING CENTRE

72 Lucknow Street BAIRNSDALE, VIC 3875

Monday, Tuesday and Thursday 9am – 2pm

Kindergarten Fees

Funded program: \$345.00 per term for 15 hours per week

BRUTHEN

1 Seehusen Avenue BRUTHEN, VIC 3885

Monday and Wednesday 9am – 3pm, Tuesday 9am – 12pm

Kindergarten Fees

Funded program: \$345.00 per term for 15 hours per week

BUCHAN

5621 Buchan-Orbost Road BUCHAN, VIC 3885

Tuesday and Wednesday 9am – 3pm, Thursday 9am – 12pm Terms 1 & 4, 11.45am – 2:45pm Terms 2 & 3

Kindergarten Fees

Funded program: \$345.00 per term for 15 hours per week

CANN VALLEY

1 Tyson Street CANN RIVER, VIC 3890

Thursday and Friday 8:30am – 4pm

Kindergarten Fees

Funded program: \$345.00 per term for 15 hours per week

GOONGERAH

6933 Bonang Highway Via ORBOST, VIC 3888

To be advised

OMEEO

162 Day Avenue OMEEO, VIC 3898

Monday and Tuesday 8:30am – 4pm

Kindergarten Fees

Funded program: \$345.00 per term for 15 hours per week

PAYNESVILLE

100 Langford Parade PAYNESVILLE, VIC 3880

Dolphins Group: Monday, Tuesday and Wednesday 9:20am – 2:20pm

Seahorses Group: Tuesday, Wednesday and Thursday 8:45am – 1:45pm

Kindergarten Fees

Funded program \$345.00 per term for 15 hours per week

SWIFTS CREEK

6846 Great Alpine Road SWIFTS CREEK, VIC 3896

Tuesday 9am – 3pm, Wednesday 9am – 3:30pm and alternate Friday 9am – 3pm

Kindergarten Fees

Funded program: \$345.00 per term for 15 hours per week

PAYMENT METHODS

- By Post: Post your cheque made payable to UnitingCare Gippsland, P.O Box 454, Bairnsdale 3875.
- Direct Credit into our Bank account - BSB: 083-519 Account number: 51 564 9802
(Please use your invoice account name and invoice number/s as reference)
- Direct Debit - from your nominated bank account. Please call 5152 9600 to request a form.
- Credit Card: Please call 5152 9600
- Paying in person: Present your invoice at our Bairnsdale, Sale or Leongatha offices.

IMPORTANT INFORMATION

UnitingCareGippsland processes all applications for eligible children based on date of application, in accordance with our enrolment policy.

Session times are dependent on enrolment numbers. In some circumstances changes to kinder hours and days may be required to ensure the viability of the service. Parents will be informed if changes to planned session times are required.

DECLARATION

I _____ declare that all information provided in this application is true and correct. I understand that providing false or misleading information may affect the outcome of this application.

Parent/Guardian Signature: _____

Prior to submitting this application please ensure the following check list is complete:

- | | |
|------------------------------------|--------------------------|
| All relevant sections completed | <input type="checkbox"/> |
| Copy of Birth Certificate attached | <input type="checkbox"/> |
| Parent/Guardian Signature | <input type="checkbox"/> |

**Please email your application to: kindergartenapplications@ucgipps.org.au
Or return to our Bairnsdale, Sale or Leongatha offices.**

If you have any questions in relation to this application, please contact a member of the Early Years Administration Team on 1800 183 103 for assistance.