

OFFICE USE ONLY:	Date Received	Fee Received
	Confirmation email sent	COMMENTS:



REGISTRATION FORM FOR ENROLMENT AT MIDDLE PARK KINDERGARTEN, INC.

<input type="checkbox"/> 3 YEAR OLD KINDER 2022 only	<input type="checkbox"/> 4 YEAR OLD KINDER 2023 only	<input type="checkbox"/> BOTH 3 & 4 YEAR OLD KINDERGARTEN
<input type="checkbox"/> 3 YEAR OLD KINDER 2023 only	<input type="checkbox"/> 4 YEAR OLD KINDER 2024 only	<input type="checkbox"/> BOTH 3 & 4 YEAR OLD KINDERGARTEN
<input type="checkbox"/> 3 YEAR OLD KINDER 2024 only	<input type="checkbox"/> 4 YEAR OLD KINDER 2025 only	<input type="checkbox"/> BOTH 3 & 4 YEAR OLD KINDERGARTEN
Child's Name:		
DOB:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	Language at home?
Parent/Guardian's Name:		
Child's Address:		
Email Address:		
Mobile Phone:		
Does the child have siblings who attended Middle Park Kindergarten?	If yes, name and year:	
Has this child already attended a kindergarten program?	<input type="checkbox"/> 3-Year-Old <input type="checkbox"/> 4-Year-Old <input type="checkbox"/> No	
Are this child's immunisations up to date? Your child must be fully vaccinated by the time they attend kindergarten under the No Jab No Play law.*	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you have answered no, please visit a health professional or Maternal and Child Health nurse to organise your immunisations before the kindergarten year begins.</i>	
Is this child Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander <input type="checkbox"/> No	
Does the child meet any of the following criteria?	<input type="checkbox"/> Attends a 3-Year-Old program through Early Start Kindergarten or Access to Early Learning <input type="checkbox"/> Known to Child FIRST, Child Protection or family services <input type="checkbox"/> Been referred by a Maternal and Child Health nurse, support service or Out of Home Care provider	
Does the child require any additional support due to a disability including intellectual, sensory or physical impairment?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide details:	
Do you or your child hold any of the following cards? *Application fee waived	<input type="checkbox"/> Commonwealth Health Care Card <input type="checkbox"/> Commonwealth Pensioner Concession Card <input type="checkbox"/> Department of Veterans' Affairs Gold Card or White Card <input type="checkbox"/> Humanitarian or refugee visa	

Return to: Middle Park Kindergarten Enrolments, middle.park.kin@kindergarten.vic.gov.au

Note: **\$40 administration fee (non refundable) must accompany application to be valid**

Direct Deposit – BSB: 063 100 Account: 1005 1032 (Child name as reference)

Signature of Parent/Guardian: _____ **Date:** _____