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| --- | --- | --- |
| **OFFICE USE ONLY:** | **Date Received** | **Fee Received** |
|  | **Confirmation email sent** | **COMMENTS:** |

**REGISTRATION FORM FOR ENROLMENT AT**

**MIDDLE PARK KINDERGARTEN, INC.**

|  |  |  |  |
| --- | --- | --- | --- |
| * 3 YEAR OLD KINDER 2024 only | ☐ 4 YEAR OLD KINDER 2025 only | | * **BOTH 3 & 4 YEAR OLD KINDERGARTEN** |
| * 3 YEAR OLD KINDER 2025 only | ☐ 4 YEAR OLD KINDER 2026 only | | * **BOTH 3 & 4 YEAR OLD KINDERGARTEN** |
| * 3 YEAR OLD KINDER 2026 only | ☐ 4 YEAR OLD KINDER 2027 only | | * **BOTH 3 & 4 YEAR OLD KINDERGARTEN** |
| **Child’s Name:** | | | |
| **DOB:** | **Gender: Female ☐ Male☐** | | **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? | | ☐ 3-Year-Old ☐ 4-Year-Old  ☐ 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.\* | | ☐ Yes  ☐ No  *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.* | |
| Is this child Aboriginal or Torres Strait Islander? | | ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander  ☐ Yes, Aboriginal and Torres Strait Islander ☐ No | |
| Does the child meet any of the following criteria? | | ☐ Attends a 3-Year-Old program through Early Start Kindergarten or Access to Early Learning  ☐ Known to Child FIRST, Child Protection or family services  ☐ 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? | | ☐ No  ☐ Yes  If yes, please provide details: | |
| Do you or your child hold any of the following cards? \*Application fee waived | | ⃣ Commonwealth Health Care Card  ⃣ Commonwealth Pensioner Concession Card  ⃣ Department of Veterans’ Affairs Gold Card or White Card  ⃣ Humanitarian or refugee visa | |

**Return to:** Middle Park Kindergarten Enrolments, [middle.park.kin@kindergarten.vic.gov.au](mailto: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:** \_\_\_\_\_\_\_\_\_\_