



FRIEND STREET KINDERGARTEN

FRIEND STREET KINDERGARTEN INC.

5 FRIEND STREET, MONT ALBERT NTH 3129

Phone: 9857 6583 Fax: 9816 4281

EMAIL : friend.st.kin@kindergarten.vic.gov.au

Application Form Information

ALLOCATION OF PLACES

Friend Street Kindergarten is managed directly through the Kindergarten's Enrolment Manager. Please read the full Enrolment and Orientation Policy on our website friend.st.kindergarten.vic.gov.au/ for information regarding criteria for selection.

PROCEDURE

- Applications will be accepted from a child's second birthday and will not be processed prior to this date.
- Proof of the child's age must be supplied with the application.
- A non-refundable application fee of \$25 must be included with the application.
- All children enrolling in early childhood service must meet No Jab, No Play legislation and provide relevant immunisation documentation with application.
- Submitting this application is NOT a guarantee of placement.
- Applications can only be made for one year each of 3yo and/or 4yo kindergarten.
- During June of the year prior to entry the kindergarten will determine places and send offers to successful applicants.
- If successful, you will be required to accept a position by forwarding a deposit to the kindergarten (details will be provided with the letter of offer)

ENROLMENT & IMMUNISATION INFORMATION

- The Government's No Jab No Play laws require all children to be age-appropriately immunised before enrolment can be confirmed.
- Parents/guardians offered tentative places will be asked to provide immunisation documentation to Friend Street Kindergarten that shows that their child's immunisations are up to date for their age or that an exemption applies.
- Confirmation of places is finalised after the documentation has been assessed that the child is up to date or that the child is on a recognised catch-up schedule if they have fallen behind with their vaccinations, or that the child has a medical reason not to be vaccinated or that the child has been assessed as being eligible for a 16 week grace period.
- Further information on immunisation requirements for enrolment in early childhood services is available on the State Government's [Better Health Channel](http://www.betterhealth.vic.gov.au/campaigns/no-jab-no-play) at www.betterhealth.vic.gov.au/campaigns/no-jab-no-play

ELIGIBILITY/YEAR OF ENTRY

- To be eligible for the 3 year old kindergarten program your child must turn 3 on or before the 30st April in the year in which they will attend. Children may only commence at the kindergarten after their third birthday.
- To be eligible for the 4 year old kindergarten program your child must turn 4 on or before 30th April in the year in which they will attend.

SUBMITTING YOUR APPLICATION

Please complete this application form and return either by hand, email to friend.st.kin@kindergarten.vic.gov.au or post to:

Enrolment Manager
Friend Street Kindergarten
5 Friend Street
MONT ALBERT NORTH VIC 3129

A \$25 per child, non-refundable application fee, is payable by direct debit to the following account:

BSB & Bank Account: 063 784 566466
Bank: Commonwealth Bank of Australia – Bank First

Or cheque/money order (made payable to Friend Street Kindergarten) or cash and must accompany the application form.

Any enquiries about kindergarten applications or to notify change or address or contact details please email the Enrolment Manager friend.st.kin@kindergarten.vic.gov.au

The personal information requested is being collected by Friend Street Kindergarten for the primary purpose or directly related purposes of kindergarten enrolments. The Enrolment Manager may disclose this information to the committee of management. Friend Street Kindergarten will not divulge this information to any other organisation or authority.

FRIEND STREET KINDERGARTEN APPLICATION FORM

1. CHILD'S DETAILS

Given Name _____ Family name/Surname _____
Date of Birth ____/____/____(DD/MM/YY) Gender: Female Male
Address _____ Postcode _____
Preferred email: _____

2. PARENT'S/GUARDIAN'S DETAILS

Parent/Guardian 1: _____
(Title) (Given Name) (Family Name/Surname)
Contact Phone Number _____ Email address _____
Parent/Guardian 2: _____
(Title) (Given Name) (Family Name/Surname)
Contact Phone Number _____ Email address _____

3. PLEASE TICK THE APPROPRIATE BOXES BELOW

- I wish to enrol my child for 3 year old kindergarten commencing year _____
 I wish to enrol my child for 4 year old kindergarten commencing year _____

4. ADDITIONAL DETAILS – where required please attach supporting documentation

Has your child had siblings attend Friend St. Kindergarten? Yes No

Does your child have any allergies? Yes No

Please provide details _____

Does your child have additional needs? Yes No

If YES supporting documentation is required to be considered under DET priority of access guidelines

Is your child registered with a specific support services agency? Yes No

Please provide details _____

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

5. KINDERGARTEN FEE SUBSIDY

DET provides a fee subsidy for eligible families in the funded program (4 year old). Please indicate if you or your child holds a Health Care Card, Pensioner Concession Card, DVA Gold/White card, Bridging Visa A-F, Temporary Protection/Humanitarian Visas (447,451,785 or 786), RoS Visa Class CD(Subclass851), Triplets or Quadruplets.

If 'yes' a copy must be sighted with the submission of this form by the Enrolment Manager

Yes No Card or Visa Type _____ Expiry _____

6. DECLARATION

I have made \$25 payment via direct debit (date of transaction) _____ or enclosed cash or cheque/money order made payable to Friend Street Kindergarten.

I have attached proof of the child's date of birth and immunisation history statement .

I declare that the information provided on this application is true and accurate. I understand that in lodging an application, an offer of enrolment is not guaranteed. I understand the procedures of enrolment and accept the terms of the Enrolment Policy selection criteria.

Signature: _____ Date: _____