

# WODONGA WEST CHILDREN'S CENTRE Early Years Enrolment application

Lawrence Street, Wodonga 3690  
PO Box 744, Wodonga, VIC 3689

Phone: 02 6024 1188



Please read this important information before completing this form:

This Form must be completed by a parent or guardian who has lawful authority in relation to the child. A brief explanation of lawful authority is contained on page three of this form.

Fill in ALL sections of this form in full, or mark as n/a and DO NOT use abbreviated names or nicknames.

<b>Child's Name</b>				
<b>Session Type</b>	3 year old (15hrs) <input type="checkbox"/>	3 yr. Early Start (15hrs) <input type="checkbox"/>	4 year old (15 Hours) <input type="checkbox"/>	2nd Year—4 yr. (15hrs) <input type="checkbox"/>
Has the child accessed an early start or four-year-old preschool program previously? No <input type="checkbox"/> Yes <input type="checkbox"/>				
If Yes, which preschool:				
Has the child been approved for a second year of funded four-year-old preschool? No <input type="checkbox"/> Yes <input type="checkbox"/>				
Family name:		Given name/s:		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Usually called:		Date of birth:		
Child's Address:				
Child's Country of Birth: <input type="checkbox"/> Australia <input type="checkbox"/> Other: _____ Year arrived in Australia: _____				
Does the child have refugee or asylum seeker status? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Languages spoken in the home other than English:				
Cultural background:				
Sibling's names and ages:				
Is the child of Aboriginal and/or Torres Strait Islander origin? (tick only one box)				
<input type="checkbox"/> Yes, Aboriginal		<input type="checkbox"/> Yes, Torres Strait Islander		
<input type="checkbox"/> Yes, Both Aboriginal and Torres Strait Islander		<input type="checkbox"/> No		
<b>Parent/guardian A (primary carer)</b>			<b>Parent/guardian B</b>	
Family name:			Family name:	
Given name/s:			Given name/s:	
Address:			Address:	
Phone (home):			Phone (home):	
Phone (work):			Phone (work):	
Mobile:			Mobile:	
Email:			Email:	
Country of Birth: _____			Country of Birth: _____	
Year arrived in Australia: _____			Year Arrived in Australia _____	
Do you need an Interpreter: Yes <input type="checkbox"/> No <input type="checkbox"/>			Do You need an Interpreter: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Occupation:			Occupation:	
Does the child live with mother/guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>			Does the child live with father/guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If child does not live with a parent/guardian, who do they live with?				
Is the child in an out-of-home care arrangement including kinship care or foster care? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, please provide the service with more information regarding the arrangement.				

<b>Court orders relating to the child and/or family plan</b>	Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Family plan: <input type="checkbox"/> Yes <input type="checkbox"/> No (Please tick)
	1. Bring the original court order/s for staff to see and copy to attach to form. 2. If these orders change in any way please notify the kindergarten and school office immediately.

<b>Lawful authority</b>	<p><b>Parents</b> All parents have powers and responsibilities in relation to their children which can be changed by a court order. The Education and Care Services national Regulations 2011 refer to these powers and responsibilities as “lawful authority”. It is not affected by the relationship between the parents, such as whether or not they have lived together or are married. A court order, such as under the Family Law Act, may take the authority of a parent to do something, or may give it to another person.</p>
	<p><b>Guardians</b> A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of a “guardian” under the Education and Care Services National Regulations 2011 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with, who has day-to-day care and control of the child.</p>

<b>Alternative Parent/Guardian</b>	<b>Parent/guardian A</b>	<b>Parent/guardian B</b>
	Family name:	Family name:
	Given name/s:	Given name/s:
	Address:	Address:
	Phone (home):	Phone (home):
	Phone (work):	Phone (work):
	Mobile:	Mobile:
	Email:	Email:
	Country of Birth: _____	Country of Birth: _____
	Year arrived in Australia: _____	Year Arrived in Australia _____
	Do you need an Interpreter: Yes <input type="checkbox"/> No <input type="checkbox"/>	Do You need an Interpreter: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Occupation:	Occupation:
	Does the child live with parent/guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the child live with parent/guardian? Yes <input type="checkbox"/> No <input type="checkbox"/>

**EMERGENCY CONTACTS (must be filled out)**  
Please list a minimum of 2 Emergency contacts—NOT parents/guardians.  
Emergency contacts do not need to be local

<b>Family name:</b>	<b>Family name:</b>
Given name/s:	Given name/s:
<input type="checkbox"/> Authorised to collect child	<input type="checkbox"/> Authorised to collect child
<input type="checkbox"/> Authorised to consent to medical treatment or Authorised administration of medication	<input type="checkbox"/> Authorised to consent to medical treatment or Authorised administration of medication
<input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the school premises	<input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the school premises
Address:	Address:
Phone (home):	Phone (home):
Mobile:	Mobile:
Relationship to child:	Relationship to child:

<b>Authorised nominees</b>	Your consent is required for other people to collect the child from the children's service's on your behalf. In the table below, please list the details of those people you have authorised to collect the child in the event that as the parent or guardian, you are unable to do so. There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. In the event that the child is not collected from the children's service and the parents or guardians cannot be contacted, this list is used to arrange someone to collect the child.
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<b>Alternative Contacts</b>
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<b>Family name:</b>	<b>Family name:</b>
Given name/s:	Given name/s:
<input type="checkbox"/> Authorised to collect child	<input type="checkbox"/> Authorised to collect child
<input type="checkbox"/> Authorised to consent to medical treatment or Authorised administration of medication	<input type="checkbox"/> Authorised to consent to medical treatment or Authorised administration of medication
<input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the school premises	<input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the school premises
Address:	Address:
Phone (home):	Phone (home):
Mobile:	Mobile:
Relationship to child:	Relationship to child:
<b>Family name:</b>	<b>Family name:</b>
Given name/s:	Given name/s:
<input type="checkbox"/> Authorised to collect child	<input type="checkbox"/> Authorised to collect child
<input type="checkbox"/> Authorised to consent to medical treatment or Authorise administration of medication	<input type="checkbox"/> Authorised to consent to medical treatment or Authorise administration of medication
<input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the school premises	<input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the school premises
Address:	Address:
Phone (home):	Phone (home):
Mobile:	Mobile:
Relationship to child:	Relationship to child:
<b>Family name:</b>	<b>Family name:</b>
Given name/s:	Given name/s:
<input type="checkbox"/> Authorised to collect child	<input type="checkbox"/> Authorised to collect child
<input type="checkbox"/> Authorised to consent to medical treatment or Authorise administration of medication	<input type="checkbox"/> Authorised to consent to medical treatment or Authorise administration of medication
<input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the school premises	<input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the school premises
Address:	Address:
Phone (home):	Phone (home):
Mobile:	Mobile:
Relationship to child:	Relationship to child:

**Parental education and occupation details** From 2018 services must collect the occupation and education details from the parents/guardians of all children enrolling in a funded kindergarten program. This is the same information that parents/guardians currently provide when their children reach school. Occupation and education information will be used to determine

**Parental education and occupation details** Please complete this form in English

**CHILD'S NAME:** \_\_\_\_\_

**KINDERGARTEN NAME:** Wodonga West Children's Centre

Please tick this box if there is only one parent/guardian for the child <input type="checkbox"/>	<b>Parent/guardian A</b>  (primary carer)	<b>Parent/guardian B</b>  (must be completed, except where there is only one parent/guardian for the child)
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**Education** Equivalent overseas education is recognised for the purposes of this data collection.

<b>What is the highest year of primary or secondary school the parent/guardian has completed? (tick one)</b>  <i>For persons who have never attended school, mark 'Year 9 equivalent or below'.</i>	Year 9 equivalent or below	<input type="checkbox"/>	<input type="checkbox"/>
	Year 10 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
	Year 11 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
	Year 12 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>

**Qualifications** Equivalent overseas qualifications are recognised for the purposes of this data collection.

<b>What is the level of the highest qualification the parent/guardian has completed? (tick one)</b>	No non-school qualification	<input type="checkbox"/>	<input type="checkbox"/>
	Certificate I to IV (including trade certificate)	<input type="checkbox"/>	<input type="checkbox"/>
	Advanced diploma / Diploma	<input type="checkbox"/>	<input type="checkbox"/>
	Bachelor degree or above	<input type="checkbox"/>	<input type="checkbox"/>

**Occupation**

<b>What is the occupation group of the parent/guardian? (See <u>Parental Occupation Index</u> on page 2)</b>  <i>If the parent/guardian is <b>not currently in paid work</b> but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation</i>  <i>If the parent/guardian has <b>not been in paid work</b> for the last 12 months, tick 'N' OR</i>  <i>If the parent/guardian has <b>not been in paid work</b> for the last 12 months because the person cares for their own children full time, tick 'H'</i>	<input type="checkbox"/> A	<input type="checkbox"/> A
	<input type="checkbox"/> B	<input type="checkbox"/> B
	<input type="checkbox"/> C	<input type="checkbox"/> C
	<input type="checkbox"/> D	<input type="checkbox"/> D
	<input type="checkbox"/> N	<input type="checkbox"/> N
	<input type="checkbox"/> H	<input type="checkbox"/> H

**Name parent/guardian (print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature parent/guardian** \_\_\_\_\_

## PARENTAL OCCUPATION INDEX

MANAGERS		
Chief Executives, General Managers and Legislators	Chief Executives and Managing Directors, Corporate General Manager, Defence Force Senior Officer, Local Government Legislator, Member of Parliament	A
Farmers and Farm Managers	Aquaculture Farmers, Crop Farmers, Livestock Farmers, Mixed Crop, Livestock Farmers	A
Specialist Managers	Advertising, Public Relations and Sales Managers, Business Administration Managers, Construction Managers, Education, Health and Welfare Services Managers	A
Hospitality, Retail and Service Managers	Accommodation and Hospitality Managers, Retail Managers	B
PROFESSIONALS <i>generally with a bachelors degree or above</i>		
Arts and Media Professionals	Music Professionals, Photographers, Journalists and Other Writers	A
Business, Human Resource and Marketing Professionals	Accountants, Auditors and Company Secretaries, Financial Brokers and Dealers, and Investment Advisers, Human Resource and Training Professionals, Information and Organisation Professionals, Sales, Marketing and Public Relations Professionals	A
Design, Engineering and Science Professionals	Architects, Designers, Planners and Surveyors, Engineering Professionals	A
Education Professionals	Early Childhood Teachers, School Teachers, Tertiary Education Teachers	A
Health Professionals	Health Diagnostic and Promotion Professionals, Health Therapy Professionals, Medical Practitioners, Midwifery and Nursing Professionals	A
ICT Professionals	Business and Systems Analysts, and Programmers, Database and Systems Administrators, and ICT Security Specialists	A
Legal, Social and Welfare Professionals	Barristers, Judicial and Other Legal Professionals, Solicitors, Counsellors, Psychologists, Social Workers, Ministers of Religion	A
TECHNICIANS AND TRADES WORKERS		
Engineering, ICT and Science Technicians	Agricultural, Medical and Science Technicians, Building and Engineering Technicians, ICT and Telecommunications Technicians	B
Automotive and Engineering Trades Workers	Automotive Electricians and Mechanics, Mechanical Engineering Trades Workers, Panel beaters, and Vehicle Body Builders, Trimmers and Painters	C
Construction Trades Workers	Bricklayers, and Carpenters and Joiners, Floor Finishers and Painting Trades Workers	C
Electrotechnology and Telecommunications Trades Workers	Electricians, Electronics and Telecommunications Trades Workers	C
Food Trades Workers	Chefs	B
	Bakers and Pastry cooks, Butchers and Smallgoods Makers, Cooks	C
Skilled Animal and Horticultural Workers	Animal Attendants and Trainers, and Shearers, Horticultural Trades Workers	C
Other Technicians and Trades Workers	Hairdressers, Textile, Clothing and Footwear Trades Workers	C
COMMUNITY AND PERSONAL SERVICE WORKERS		
Health and Welfare Support Workers	Ambulance Officers and Paramedics, Dental Hygienists, Technicians and Therapists, Health Workers, Massage Therapists	B
Carers and Aides	Child Carers, Education Aides, Personal Carers and Assistants	D
Hospitality Workers	Bar Attendants and Baristas, Cafe Workers, Gaming Workers	D
Protective Service Workers	Police	B
	Defence Force Members - Other Ranks, Fire and Emergency Workers	C
Personal Service Workers	Beauty Therapists, Driving Instructors, Travel Attendants	D
Sports	Sports Coaches, Instructors and Officials, Sportspersons	C
	Fitness Instructors, Outdoor Adventure Guides	D
CLERICAL AND ADMINISTRATIVE WORKERS		
Office Managers and Program Administrators	Contract, Program and Project Administrators, Office and Practice Managers	B
Personal Assistants and Secretaries	Personal Assistants, Secretaries, Legal Secretaries	C
General Clerical Workers	General Clerks, Keyboard Operators	D
Inquiry Clerks and Receptionists	Call or Contact Centre Information Clerks, Receptionists	D
Numerical Clerks	Bookkeepers, Accounting, Financial and Insurance Clerks, Bank Workers	D
Clerical and Office Support Workers	Couriers and Postal Deliverers, Filing and Registry Clerks, Survey Interviewers	D
Other Clerical and Administrative Workers	Conveyancers and Legal Executives	B
	Court and Legal Clerks, Insurance Investigators, Loss Adjusters and Risk Surveyors	C
	Purchasing and Supply Logistics Clerks, Debt Collectors, Human Resource Clerks, Inspectors and Regulatory Officers	D
SALES WORKERS & MACHINERY OPERATORS, DRIVERS AND LABOURERS		
Sales Agents	Auctioneers, and Stock and Station Agents, Insurance Agents, Real Estate Sales Agents	C
Sales Representatives, Sales Assistants, Salespersons and Sales Support Workers	Sales Representatives, Sales Assistants, Pharmacy Sales Assistants, Retail Supervisors, Checkout Operator	D
Machinery Operators, Drivers and Labourers	Machine and Stationary Plant Operators, Road and Rail Drivers, Storepersons, Cleaners and Laundry Workers, Factory Process Workers	D

<b>Child's Doctor Details</b>	<b>Name of doctor/medical service:</b>
	Phone:
	Address:
	Child's Medicare number:
<b>Child's health and medical information</b>	<b>Medical conditions</b> Please note: If your child has a medical condition, please provide a copy of the child's medical management plan signed by your doctor. The kinder service will then provide you with the medical management and risk minimization policy outlining the requirements and procedures required for medical conditions.
	Has your child been diagnosed with a medical condition (anaphylaxis/asthma/diabetes/allergies)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
	Do you consent to the medical plan being displayed in the kinder room <input type="checkbox"/> Yes <input type="checkbox"/> No
	Does your child have any dietary restrictions or intolerances that do not require a medical management plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify:
	Does your child have any allergy or sensitivity that do not require a medical management plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify:
<b>Child Development</b>	Was there any issues of conditions during your child's early years (including pre birth and birth) that may have impacted on your child's learning ability and development?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe:
	Does your child have a development delay/speech delay/disability or special needs?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe and attach any assessment reports:
	Do you have any concerns relating to your child's behaviour or development?
<b>Other Information</b>	Is there anything else that the children's service should know about the child (for example excessive fears, favourite activities, cultural or religious needs or attending other early childhood service or early intervention service)?
<b>Confidentiality of records</b>	The proprietor of the children's service must ensure that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Education and Care Services National Regulations 2011 (regulation 181 (a-e))

<b>CHILDCARE</b>	<p>Has the child previously attended :</p> <p> <input type="checkbox"/> Kindergarten   <input type="checkbox"/> Playgroup   <input type="checkbox"/> Long day Care   <input type="checkbox"/> Family Day Care   <input type="checkbox"/> Early Intervention Service </p> <p> <input type="checkbox"/> Other _____ </p> <hr/> <p>Will the child be accessing child care or another service on non kinder session days?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Name of Service: _____</p> <p>Days attending: _____</p> <hr/> <p>Will you be claiming the multiple child percentage?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <hr/> <p>Child Centrelink Reference Number (CRN): _____</p> <p>Family (CRN): _____</p>
<b>School</b> (four-year-old preschool children only)	<p>Does the child have a sibling attending Wodonga West Primary School?</p> <p> <input type="checkbox"/> Yes   <input type="checkbox"/> No </p> <p>If Yes, siblings name/s and year level:</p>  <p>My child will be attending Wodonga West Primary School after the completion of the preschool year?</p> <p> <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unsure </p>
<b>Child's immunisation record</b>	<p>Please provide the following:</p> <ul style="list-style-type: none"> <li>• <b>A current Immunisation History Statement from the Australian Immunisation Register (AIR);</b> the statement must show that the child is up to date with all vaccinations that are due for their age, or that they are able to receive.</li> </ul> <p><i>NOTE: To have an enrolment confirmed for a child in long day care, kindergarten, family day care or occasional care, parents/carers have to provide this Statement.</i></p> <p><i>Other forms of documentation, for example a letter from a GP or local council, are no longer accepted.</i></p> <p>You can print a copy of your child's Immunisation History Statement from your myGov account. If you have difficulty getting a copy via your myGov account you can</p> <ul style="list-style-type: none"> <li>* call the AIR on phone 1800 653 809,</li> <li>* visit a Medicare or</li> <li>* Visit a Centrelink office.</li> </ul> <p>Families who do not hold a Medicare card must call the AIR to request an Immunisation History Statement.</p> <hr/> <p>Has an Approved Immunisation History Statement been provided?</p> <p> <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Catch-up schedule </p>

<b>Maternal child health</b>	Name of maternal child health centre: Have all key ages and stages checks been met? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please provide copy to the service</i> Child's Health Care Record has been sighted by the kindergarten service. Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Consent and Information sharing</b>	I give permission for my child to <b>engage with the Maternal Child Health Nurse</b> to participate in the Brigance screening/s. This screen will be completed during the kinder sessions. I understand that I will receive a copy of the Brigance Screening results. I understand that the results and other relevant Information relating to the learning and development of my child will be shared between Wodonga West Children's Centre and the Wodonga Council Maternal Child Health Nurse and Albury Wodonga Aboriginal Health Service (AWAHS) or _____ (list MCHN service) I give permission for Wodonga West Children's Centre to contact the organisations and agencies that my child is engaged with regarding the learning and development of my child, while they are enrolled at Wodonga West Children's Centre. <i>Please List organisations that your child has been engaged with (past and current).</i> I consent to the <b>sharing of information between ALL organisations and agencies</b> and Wodonga West Children's Centre, which my child has or is currently engaged. Signature.....Date.....
<b>Photographs</b>	I give permission for my child to be photographed or filmed by the staff, students and/or the media. I understand that such photographs/footage may be used in displays and/or newspapers, pamphlets, communication journals and television advertisements. I understand that the co-ordinator/director, staff will, when able, notify me prior to the photographing/filming. Families, religious and cultural beliefs will be taken into consideration prior to this. <input type="checkbox"/> ALL photos/film/link letter/newsletters/media/Facebook/Internet/Class dojo/shared with other families <input type="checkbox"/> Only within the kindergarten room Signature.....Date.....
<b>Sunscreen</b>	I Authorise staff to apply sunscreen to my child. In the event that my child is allergic to common sunscreen, I will provide sunscreen for my child. <input type="checkbox"/> Yes <input type="checkbox"/> No, I will supply sunscreen for my child Signature.....Date.....
<b>Head Lice</b>	Can staff at Wodonga West Children's Centre check your child for head lice? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature.....Date.....
<b>Incursion visits to school premises</b>	I give permission for the child to leave the registered kindergarten premises to visit the school classrooms and grounds for incursions or special activities: <input type="checkbox"/> Yes <input type="checkbox"/> No Signature.....Date.....
<b>Declaration and consent to Emergency Drills/ Emergency medical treatment</b>	I,.....(Print full name) A person with lawful authority of the child referred to in this enrolment form: <ul style="list-style-type: none"> <li>• Declare that the information in this enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information.</li> <li>• Agree to collect or make arrangements for the collection of their child referred to in this enrolment form if s/he becomes unwell at the service;</li> <li>• Consent for my child to leave the centre with staff for nearby emergency/evacuation drills; and,</li> <li>• Consent to the staff of the children's service seeking, or where appropriate, administering such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service.</li> </ul> Signature.....Date.....



**FEES**  
**Three-year-old**  
**Four-year-old**

**Option 1—Health Care Card / Pension Card (or equivalent) holders only**

Type of concession card:
Child’s name on card:
Child’s Card number:
Card issue date:
Card expiry date:

*Note: A copy of the concession card must accompany this enrolment form or full fees will apply.*

- I agree to provide Wodonga West Children’s Centre with current copies of my concession card.
- I have read the centre fees policy and understand that fees must be paid within given timelines, I also understand that if fees are not paid within this timeframe the service has the discretion to cancel my child’s position. I hereby agree to abide by the conditions as set out in the fees policy.

Signature.....Date.....

**Option 2— Non Concession Card holders only**

I agree to pay the appropriate fees to WWCC by the due date, via the following payment option

- Pay Prior to commencement, or by scheduled date in previous term
- Direct Debit

I have read the centre fees policy and understand that fees must be paid within given timelines, I also understand that if fees are not paid within this timeframe the service has the discretion to cancel my child’s position. I hereby agree to abide by the conditions as set out in the fees policy.

Signature.....Date.....

**Declaration**

I hereby declare all information is true and correct. I understand that if the information is incorrect, my application will be withdrawn.

I understand that this is an enrolment application form and I will receive a letter from the service to confirm my child’s place.

*Parent Name* .....

*Signature of legal parent/guardian* .....

*Date:* .....

Please return your completed enrolment application, immunisation record and any supporting documentation to the front office at the address below.

**Enquiries:** 02 6024 1188  
wodonga.west.ps@edumail.vic.gov.au

**Deliver to:** Wodonga West Children’s Centre  
Lawrence Street  
Wodonga  
VIC 3690

OFFICE USE ONLY

Kindergarten Enrolment Application needs to be accompanied by ALL relevant documents before enrolment acceptance.

**Kindergarten Enrolment Check list** (please tick or right N/A in the box))

- Enrolment form completed
- Court orders/Parenting orders
- Birth certificate attached
- Immunisation record attached
- Health record attached
- Copy of concession card
- Medical plans attached

Other supporting documentation attached

Details Checked by: .....

Date: .....

To be filled out by Kinder Educator

**Date child first attends Kinder** \_\_\_\_\_