Kindergarten Enrolment Form

**OFFICE USE ONLY**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D.O.B**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Placed** \_\_\_\_\_\_\_\_\_\_\_\_\_ W**/D 🞎**

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**P1 🞎 P2-7 🞎 Imm 🞎**

2017

**ENROLMENT QUICK GUIDE**

(Please read the Central Enrolment Information Booklet for more information)

1. For support in completing this form, contact Central Enrolments on **5018 8562** between

9.00am and 5.00pm weekdays.

1. You will need to complete a new Kindergarten Enrolment Form each year of kindergarten
2. Enrolments for the first round of placements should be lodged by **5.00pm** **30 JUNE 2017**.
3. Please ensure all documents are provided with your application, this is your responsibility Health Care/Pension Card, proof of child’s age, and Immunisation History Statement.

(Note: Health Books cannot be used as proof of immunisation status)

1. Letters of offer will be sent end of July 2017. Families have 14 days to return letters of offer.
2. Please inform the Central Enrolment Officer if you have not received the letters of offer. The timeline can be found in the Information Booklet.
3. If you are sending your form by mail it is recommended that you use Registered or Express Post.
4. It is your responsibility to ensure that this application is received by Central Enrolments.

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| Please ensure your child has had a free 3½ year old developmental assessment, prior to commencing kindergarten.  This visit includes assessment of vision, co-ordination, weight, height, posture, speech and language.  Please call MRCC Maternal and Child Health on 5018 8277 OR MDAS Health Service  5022 1852 to make an appointment | | |
| Can we pass information onto the Maternal Child Health Service? | **Yes** | **No** |
|  |  |  |

**Office Use Only**

CRM created 🞎

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| **Documents to include with your application**  **Office Use Only**  CRM created 🞎  #\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | Proof of child’s birthdate (Birth Certificate) |  |
|  |  |
|  | Immunisation History Statement from Medicare or MRCC Immunisation Service. |
|  |  |
|  | Health Care Card/ Eligible Concession Card |

**Please return Enrolment Form to**

**Kindergarten Enrolment Officer**

**Post**: PO Box 105 Mildura Vic 3502

**In Person**: 76-84 Deakin Avenue Mildura Victoria

**Email**: kindergarten@mildura.vic.gov.au

**Kindergarten Enrolment Form**

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| **Enrolment Information** | | | | | | | | | | | | |
| Is your child identified as Aboriginal or Torres Strait Islander origin? | | | | | | | | Yes | | | | No |
| Is your child from a culturally diverse background? | | | | | | | | Yes | | | | No |
| Does your child have refugee or asylum seeker status? | | | | | | | | Yes | | | | No |
| Do you hold a valid Pension/Concession or Health Care Card? | | | | | | | | Yes | | | | No |
| If yes, please supply the card details: **Card Type:** | | | | | Pension | | Heath care | | | | | Other |
| Card Number: |  | | | | Expiry date: | | |  | | | | |
| Is your child in an Out Of Home Care arrangement including kinship? | | | | | | | | Yes | | | | No |
| Is your child known to Dept. of Human Services/Child FIRST/Child Protection program? | | | | | | | | Yes | | | | No |
| Case workers name: | |  | | | | | Phone 🕿 | |  | | | |
| Has your child attended a child care or prekindergarten program in the past 12 months? | | | | | | | | Yes | | | | No |
| Name of service | | | |  | | | | | | | | |
| Does your child have a sibling who attended a kindergarten in Mildura in the past 5 years? | | | | | | | | Yes | | | | No |
| If yes, Name of service: | | | |  | | | | Year: | | | |  |
| Do you work, study or have other children at school within the municipality? | | | | | | | | Yes | | | | No |
| Have you enrolled your child in another kindergarten outside of Central Enrolment? | | | | | | | | Yes | | | | No |
| Name of kindergarten. | | |  | | | | | | | | | |
| Is your child a? | | | | | | Twin | Triplet | | | Quadruplet | | |
| **Please note: that you are required to complete a separate enrolment for each child** | | | | | |  |  | | | |  | |
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| **Additional Needs** | | | | | | | | | | | |
| **Providing early advice of any developmental delay or disability is essential so resources can be made available.** | | | | | | | | | | | |
|  | | | | | |  | | | | | |
| Does your child have an additional need which may require specialist assistance? | | | | | | | | | | | |
| Yes | | No | Unsure |  | | | | | | | |
| *If yes or unsure; please provide details:* | | | | | | | | | | | |
| Has your child been involved in any developmental support programs? | | | | | | | | | Yes | | No |
| *e.g. speech therapy, physiotherapy, occupational therapy. If yes, please provide information:* | | | | | | | | | | | |
| **Childs Information** | | | | | **Childs CRN:** | |  | | | | |
| Family name: |  | | | | Gender: | | Male: | Female: | | Other: | |
| Given name/s: |  | | | | Usually called | |  | | | | |
| Date of birth: |  | | | | \* Religion | |  | | | | |
| Home address: | | | | | | | Post Code: |  | | | |
| Names and ages of siblings: | | | | | | |  | | | | |
| People living in the home other than the parents and siblings? Name: | | | | | | |  | | | | |
| Relationship to the child: | | | | | | |  | | | | |

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| **A parent or guardian who has authority in relation to the child must complete this form.**  A **parent** includes a **guardian** of the child and a person with parental responsibility for the child under a decision or court order. **Parental responsibility** is a term defined under section 61C of the Family Law Act 1975, which means “all the duties, power, responsibilities and authority which, by law, parents have in relation to their children”. |

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| **Parent/Guardian 1** | | | | | | | | | | | | | | | | | | | | | **Parent/Guardian 2** | | | | | | | | | | | | | | | | | | | | | | |
| Are you the parent?  (Please click to tick) | | | | | | | | | | | | | | | Yes | | | No | | | Are you the parent?  (Please click to tick) | | | | | | | | | | | | | | | | Yes | | | | | | No |
| Title: | | | | Mrs | | | | | | Ms | | | | Miss | | | Mr | | | | Title: | | | | | | Mrs | | | | | Ms | | | Miss | | | | Mr | | | | |
| Surname: | | | |  | | | | | | | | | | | | | | | | | Surname: | | | | | |  | | | | | | | | | | | | | | | | |
| First name: | | | | | |  | | | | | | | | | | | | | | | First name: | | | | | | |  | | | | | | | | | | | | | | | |
| Relationship to child: | | | | | | | | |  | | | | | | | | | | | | Relationship to child: | | | | | | | | | |  | | | | | | | | | | | | |
| Current Address: | | | | | | | |  | | | | | | | | | | | | | Current Address: | | | | | | | |  | | | | | | | | | | | | | | |
| Town: | | |  | | | | | | | | | | | | Postcode: | | | |  | | Town: | | |  | | | | | | | | | | | | | Postcode: | | | |  | | |
| Mailing address (if different from above) | | | | | | | | | | | | | | | | | | | | | Mailing address (if different from above) | | | | | | | | | | | | | | | | | | | | | | |
| Town | | |  | | | | | | | | | | | | Postcode: | | | |  | | Town: | |  | | | | | | | | | | | | | | Postcode: | | | |  | | |
| Email: | | |  | | | | | | | | | | | | | | | | | | Email: | |  | | | | | | | | | | | | | | | | | | | | |
| Does the child live with you? | | | | | | | | | | | | | | | Yes | | | No | | | Does the child live with you? | | | | | | | | | | | | | | | Yes | | | | No | | | |
| Would you like to receive all correspondence about | | | | | | | | | | | | | | | | | | | | | Would you like to receive all correspondence about | | | | | | | | | | | | | | | | | | | | | | |
| your enrolment via? | | | | | | | | | | | | | Post | | | Email | | | | | your enrolment via? | | | | | | | | | | | | Post | | | | | | Email | | | | |
| AH Phone: | | | | |  | | | | | | | | | | | | | | | | AH Phone: | | | | | | |  | | | | | | | | | | | | | | | |
| Mobile: | | | | |  | | | | | | | | | | | | | | | | Mobile: | | | | | | |  | | | | | | | | | | | | | | | |
| BH Phone: | | | | |  | | | | | | | | | | | | | | | | BH Phone | | | | | | |  | | | | | | | | | | | | | | | |
| Language spoken at home: | | | | | | | | | | | |  | | | | | | | | | Language spoken at home: | | | | | | | | | | | | |  | | | | | | | | | |
| Do you require an interpreter? | | | | | | | | | | | | | | | Yes | | | No | | | Do you require an interpreter? | | | | | | | | | | | | | | | | | Yes | | | | No | |
| If yes, please state language | | | | | | | | | | | | | | |  | | | | | | If yes, please state language | | | | | | | | | | | | | | | | |  | | | | | |
| Are you the nominated contact person? | | | | | | | | | | | | | | | Yes | | | No | | | Are you the nominated contact person? | | | | | | | | | | | | | | | | | Yes | | | | No | |
| Parent 1 CRN: | | | | | | |  | | | | | | | | | | | | | | Parent 2 CRN: | | | | | | | |  | | | | | | | | | | | | | | |
| **Other persons to collect child and be notified** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| There may be times when your child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children’s service should notify one of the following people who are authorised nominees, under s170(5)(b) of the Education and Care Services National Law 2011 and r160 (3)(b) of the Education and Services National Regulations 2011, to collect and care for your child in an emergency. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | | | | | Name: | | |  | | | | | | | | | | | | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | | | | | Address: | | | | |  | | | | | | | | | | | | | | | | | | |
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| Home: 🕿 | | | |  | | | | | | | | | | | | | | | | Home: 🕿 | | | | | |  | | | | | | | | | | | | | | | | | |
| Work: 🕿 | | | |  | | | | | | | | | | | | | | | | Work: 🕿 | | | | | |  | | | | | | | | | | | | | | | | | |
| Mobile: 🕿 | | | |  | | | | | | | | | | | | | | | | Mobile: 🕿 | | | | | |  | | | | | | | | | | | | | | | | | |
| Relationship to child: | | | | | | | | | | |  | | | | | | | | | Relationship to child: | | | | | | | | | |  | | | | | | | | | | | | | |
|  | authorised to collect (authorised nominee) | | | | | | | | | | | | | | | | | | |  | | authorised to collect (authorised nominee) | | | | | | | | | | | | | | | | | | | | | |
|  | notification in the event of an emergency | | | | | | | | | | | | | | | | | | |  | | notification in the event of an emergency | | | | | | | | | | | | | | | | | | | | | |
|  | authorisation to consent to medical treatment | | | | | | | | | | | | | | | | | | |  | | authorisation to consent to medical treatment | | | | | | | | | | | | | | | | | | | | | |
|  | authorised to consent to administer medication | | | | | | | | | | | | | | | | | | |  | | authorised to consent to administer medication | | | | | | | | | | | | | | | | | | | | | |
|  | \* authorised to authorise an Educator to take the child outside of the premises | | | | | | | | | | | | | | | | | | |  | | \* authorised to authorise an Educator to take the child outside of the premises | | | | | | | | | | | | | | | | | | | | | |

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| Name: | |  | | | | Name: | | |  | | | |
| Address: | | |  | | | Address | | | |  | | |
|  | | | | | |  | | | | | | |
| Home: 🕿 | | | |  | | Home: 🕿 | | | | |  | |
| Work: 🕿 | | | |  | | Work: 🕿 | | | | |  | |
| Mobile: 🕿 | | | |  | | Mobile: 🕿 | | | | |  | |
| Relationship to child: | | | | |  | Relationship to child: | | | | | |  |
|  | authorised to collect (authorised nominee) | | | | |  | authorised to collect (authorised nominee) | | | | | |
|  | notification in the event of an emergency | | | | |  | notification in the event of an emergency | | | | | |
|  | authorisation to consent to medical treatment | | | | |  | authorisation to consent to medical treatment | | | | | |
|  | authorised to consent to administer medication | | | | |  | authorised to consent to administer medication | | | | | |
|  | \* authorised to authorise an Educator to take the child outside of the premises | | | | |  | \* authorised to authorise an Educator to take the child outside of the premises | | | | | |
|  |  | | | | |  | |  | | | | |
| \* authorisation under regulation 102 (4)-(5) by parent/authorised person/person with authority to authorise taking child outside the service on excursions; regular outings. | | | | | | | | | | | | |
| **Please ensure you include name and contact details of all relevant people in the “other persons to be notified” section below, a minimum of two contacts is required.** | | | | | | | | | | | | |

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| **Court orders relating to your child** | | | |
| Are there any court orders, parenting orders or parenting plans relating to the child or access to the child? | | | |
| No | *go to next section* | Yes | *please complete the following:* |
| ***NOTE:***  ***Parenting order*** *means an order within the meaning of section 64B(1) of the Family Law Act 1975 (Commonwealth).*  ***Parenting plan*** *means a plan within the meaning of section 63(1) of the Family Law Act 1975 includes a registered parenting plan within the meaning of section 63(6) of the Act.* | | | |
| 1. Bring the **original** court order/s for staff to see and a copy will be attached to this enrolment form. 2. If these orders:    1. Change the powers of a parent/guardian to:  * Authorise the taking of the child outside the service by a staff member of the service; * Consent to the medical treatment of the child; * Request or permit the administration of medication to the child; * Collect the child from the service, AND/OR   1. Give these powers to someone else,   Please describe these changes and provide the contact details of any person given these powers: | | | |
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| **Child’s Health and Medical Information** | | | | | | | | | | | | | |
| Name of Doctor/ Medical Service: | | | | |  | | | | | | | | |
| Phone: 🕿 | |  | | | | | | | | | | | |
| Address: | |  | | | | | | | | Postcode: | | | |
| Are you attending regular Maternal & Child Health visits with your child? | | | | | | | | | | | Yes | No | |
| Name of centre: | | |  | | | | | | | | | | |
| Does your child have a child health record? | | | | | | | | | | | Yes | No | |
| Has your child completed their 3.5 year old key age and stage visit? | | | | | | | | | | | Yes | No | |
| If yes, please provide to the service for sighting: | | | | | | | | | | | | | |
|  | **Office use only:** | | I confirm I have sighted the child’s health records. | | | | | | | | | |  |
|  | Date: \_\_\_\_\_\_\_\_\_ | | Kindergarten Staff Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |  |
| Child’s Medicare Number | | | |  | | | | | Expiry date: | |  | | |
| Do you have ambulance subscription? | | | | | | | | | | | Yes | No | |
| Ambulance subscription number: | | | | | |  | | | Expiry date: | |  | | |
| Is your child on regular medication? | | | | | Yes | | No | Name of medication: |  | | | | |
|  | | | | | |  | | |  | |  | | |

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| **Information About Your Child** | | | | | | | |
| Does your child have any additional/special needs? | | | | | | Yes | No |
| If yes, please provide details of any special needs and any management procedures to be followed with respect to the special need. | | | | | | | |
|  | | | | | | | |
| Does your child have any allergies of sensitivity? | | | | | | Yes | No |
| Please give details: | | | | | | | |
| ***If yes*** *– please complete an Allergy Management Plan prior to starting kindergarten. This provide details of any allergies and any management procedures to be followed in respect to the allergy, usually in consultation with your GP*. | | | | | | | |
| Does your child have any diagnosed medical conditions? (e.g. asthma, epilepsy, diabetes etc. that is relevant to | | | | | | | |
| your child’s care) | | | | | | Yes | No |
| Please give details: | | | | | | | |
| **If yes**, provide details of any medical conditions and any management procedures to be followed with respect to the medical condition, on a medical Action Management Plan to be supplied by your doctor/GP. A risk management plan will be developed in consultation with you once your child has a confirmed kindergarten place. | | | | | | | |
| **Anaphylaxis** | | | | | | | |
| Has your child been diagnosed at risk of anaphylaxis? | | | | | | Yes | No |
| Does your child have an auto injection device (i.e. Epipen®)? | | | | | | Yes | No |
| Has the Anaphylaxis Medical Management Plan been provided to the service  (Medical Management Plan will need to be provided to the service prior to start date.) | | | | | | Yes | No |
| Has Risk Management Plan been completed by the service in consultation with you?  (This will occur once the kindergarten has made contact with you) | | | | | | Yes | No |
| In the case of anaphylaxis you will be provided with a copy of the services anaphylaxis management policy. You will be required to provide the service with an individual Medical Management Plan for your child signed by the medical practitioner who is treating your child **prior to start date**. More information is available at [www.education.vic.gov.ay/anaphylaxis](http://www.education.vic.gov.ay/anaphylaxis) | | | | | | | |
| **Dietary restrictions** | | | | | | | |
| Does your child have any dietary restrictions? | | | | | | Yes | No |
| If yes, the following restrictions apply: | | | | | | | |
| **Immunisation History** | | | | | | | |
| Has your child been immunised | | | | | | Yes | No |
|  | | | | | |  |  |
| **Childs Immunisation History Statement** has been supplied | | | | | | Yes | No |
|  | | | | | |  |  |
| A copy of your child’s Immunisation History Statement (Medicare/Maternal Health or GP) **MUST** be provided to the service before they can attend. This is a legal requirement in accordance with the “No Jab, No Play” legislation which requires children to be fully vaccinated for their age to be eligible to attend kindergarten. Further information can be obtained from  [www.health.vic.gov.au/immunisation/factscheets/no-jab-no-play.htm](http://www.health.vic.gov.au/immunisation/factscheets/no-jab-no-play.htm) | | | | | | | |
| **Transition support** | | | | | | | |
| Has your child previously attended | | | Kindergarten | Playgroup | Child Care? | | |
|  | | |  |  |  | | |
| Name of service/ centres: |  | | | | | | |
|  | | | | | | | |
| Primary School to attend (if known) | |  | | | | | |
|  | |  | | | | | |
| Is there anything else that kindergarten should know about the child? (e.g. excessive fears, favourite activities, are they a climber, do they wander, developmental history etc.): | | | | | | | |
|  | | | | | | | |
| What are your child’s favourite activities/interests? | | | | | | | |
|  | | | | | | | |
| \*Family participation is highly valued. We would love to hear about anything that your family is interested in, the things important to your family and the things that you value. **Please list any interests, work skills, hobbies, knowledge that you may be willing to share.** | | | | | | | |
|  | | | | | | | |
| **Cultural Background** | | | | | | | |
| Please tell us about the cultural background of you and your child, including special considerations. (e.g. celebrations, special days, ways in which you could contribute to our program). | | | | | | | |
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| **Declaration and consent to emergency medical treatment** | | | | | |
| I, | | | | (print full name) | |
|  | | | | | |
| a person with lawful authority of the child referred to in this enrolment form, | | | | | |
|  | | | | | |
| * agree to collect or make arrangements for the collection of the child referred to in this enrolment form s/he becomes unwell at the service; | | | | | |
| * consent to the approved provider, nominated supervisor or an educator of the children’s service to provide and administer first aid/ seek medical treatment for the child from medical practitioner, hospital or ambulance service, and/or for the transportation of the child by an ambulance service. | | | | | |
|  | | | | | |
|  | Parent/Guardian signature |  | Date | |  |
|  | |  |  | | |
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| Please PRINT and sign this form. Only signed forms will be processed.  If you have concerns printing please email to [kindergarten@mildura.vic.gov.au](mailto:kindergarten@mildura.vic.gov.au) and it can be printed for you and an appointment time will be made to sign. |

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| **Permission to release/obtain information** | | | | | | |
| During the Kindergarten year, it may be helpful for the staff to communicate with relevant professionals regarding your child. This will improve our ability to meet the needs of your child. ***Before*** information is exchanged, written parental/guardian consent must be given. If your child is currently receiving the services of other professionals (such as Maternal & Child Health Services/Speech Pathologist/ Occupational Therapist/ Early Intervention), please add the name and phone number of the professional or service below. Families will receive a copy of letters/reports released under this authority. | | | | | | |
| **Childs Name:** | | | Please print full name | | | |
| **I,** | | Please print full name | | | give permission for the kindergarten | |
| Educational Leader/ Educator to release or obtain information regarding my child, who is under my guardianship. | | | | | | |
|  | | | | | | |
| Person/s or organisation/s we wish to share information with or obtain information from: | | | | | | |
| * Principals/prep coordinators of Sunraysia & District Primary schools. This may also include Primary Schools outside our district. * Educational Leaders/Educators of all Sunraysia & district kindergartens and child care facilities. This may also include services outside our district. * Professionals such as Medical Practitioners, Counsellors, Psychologists, Ambulance Paramedics and Maternal Health Nurses. * Specialist Services such as Preschool Field Officer (PSFO), Koorie Preschool Assistant (KPSA), Speech Therapists, Physiotherapists, Occupational Therapists, Social Welfare Counsellors, Child Protection Services, Social Services and DEECD Koorie Engagement Officer (KESO) * MRCC Best Start and Central Enrolment for data collection and research purposes. | | | | | | |
|  | Signature Parent/Guardian | | |  | Date |  |
|  |  | | |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Permission** | | | | | | | | |
| **Sunscreen:** | | I give permission for staff to support my child to apply sunscreen in accordance with the policy | | | | Yes | No | |
|  | |  | | | |  |  | |
| **Hair checking:** | | I give permission for my child’s hair to be checked for head lice & eggs. | | | | Yes | No | |
|  | |  | | | |  |  | |
| **Photographs & video** | | I give permission for my child to be photographed or videoed  at the centre, to be used: | | | |  |  | |
|  | | Internally (for displays, educational programs & portfolios) | | | | Yes | No | |
|  | | Externally (for websites, social media and newspaper) | | | | Yes | No | |
| **Emergency & Fire Drill:** | | I understand that in an emergency situation where the evacuation or drill is necessary that my child may need to leave the Education and Care Service under the direction and supervision of educators | | | | Yes | No | |
|  | | | | | | | | |
|  | Name (please print full name) | | |  | Signature | | |  |
|  | Date | | **PLEASE PRINT AND SIGN THIS FORM**… | | | | | |
|  | | | | | | | | |

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| **Privacy Statement**  Personal and or health information collected by Mildura Rural City Council is used to enable us to provide the education and care of your child attending the service and to enable us to manage and administer the services as we are required.  The personal and or health information will be used solely by Council for this purpose and directly related purposes.  Council may disclose this information to other organisations if required by law.  The applicant understands that the personal and or health information provided to our service is for the above purposes.  If you wish to access or amend your information please contact MRCC (03) 5018 8562.  If you require further information regarding Council’s Privacy Policy please contact Council’s Privacy Officer. |

**SERVICE PREFERENCES** please complete kindergarten OR pre-kindergarten

**Pre - Kindergarten Groups (3- 6 hours per week)**

Number in the boxes 1-3 of your first 3 preferences of session times

**Child’s birthdate is 1st May 2014 to 30th April 2015 to attend in 2018Mildura**

|  |  |
| --- | --- |
| **South Kindergarten** | |
|  | **Currants (3 hours)** |
|  | Wednesday 8.45am – 11.45am |
|  | **Sultanas (3 hour)** |
|  | Wednesday 12.45pm – 3.45pm |

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| **Red Cliffs Kindergarten** | |
|  | **Group 1 (3 hours)** |
|  | Wednesday 8.45am – 11.45am |
|  | **Group 2 (3 hour)** |
|  | Friday 8.45am – 11.45am |
|  | There is a 6 hour program available – it is both time slots. Please tick here if you are interested, but your preference must be in either group above. |

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| **Nangiloc and Districts Kindergarten** | |
|  | **Group 1 (3 hours)** |
|  | Wednesday 8.45am – 11.45am |
| This section is with funded kindergarten program. | |

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| **Kathleen Kelly Kindergarten** | |
|  | **Group 1 (3 hours)** |
|  | Tuesday 9.00am – 12.00pm |
| This section is with funded kindergarten program. | |

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| **Irymple Kindergarten** | |
|  | **Group 1 - Blue (3 hours)** |
|  | Tuesday 9.00am – 12.00pm |
|  | **Group 2 – Green (3 hours)** |
|  | Tuesday 1.00pm - 4.00pm |
|  | **Group 3 - Red (3 hours)** |
|  | Friday 1.00pm – 4.00pm |
|  | **Group 4 - Yellow (6 hours)** |
|  | Wednesday 1.00pm – 4.00pm  Friday 9.00am – 12.00pm |

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| **Mildura West Kindergarten** | |
|  | **Pink Group (6 hours)** |
|  | Thursday 8.30am – 11.30am  Friday 12.30pm – 3.30pm |
|  | **Orange Group (3 hour)** |
|  | Thursday 12.30pm – 3.30pm |
|  | **Purple Group (3 hours)** |
|  | Friday 8.30am – 11.30pm |

**SERVICE PREFERENCES** please complete kindergarten **OR** pre-kindergarten

**Funded (4 year old) Kindergarten Groups (15 hours per week)**

Number the boxes 1-3 of your first 3 preferences of session times

**Child’s birthdate is 1st May 2013 to 30th April 2014 to attend in 2018**

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| --- | --- |
| **Mildura South Kindergarten** | |
|  | **Group 1- Red** |
|  | Monday, Tuesday, Friday 8.30am– 1.30pm |
|  | **Group 2 - Blue** |
|  | Monday, Tuesday, Thursday 8.45am- 1.45pm |
|  | **Group 3 - Yellow** |
|  | Wednesday, Thursday, Friday 9.00am- 2.00pm |

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| **Red Cliffs Kindergarten** | |
|  | **Group 2A** |
|  | Monday, Tuesday, Thursday 8.45am- 1.45pm |
|  | **Group 1A** |
|  | Monday, Tuesday, Thursday 8.45am- 1.45pm |
|  | **Group 1 B** |
|  | Monday, Wednesday, Thursday 8.45am- 1.45pm |
|  | **Group 1C** |
|  | Monday, Wednesday, Friday 8.45am- 1.45pm |
|  | **Group 1D** |
|  | Tuesday, Wednesday, Friday 8.45am- 1.45pm |
|  | **Group 1E** |
|  | Tuesday, Thursday, Friday 8.45am- 1.45pm |

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| **Nangiloc and District Kindergarten** | |
|  | **Group 2B** |
|  | Monday, Tuesday, (Red Cliffs) 8.45am- 1.45pm |
|  | Wednesday (Nangiloc) 8.45am- 1.45pm |
|  | **Group 2C** |
|  | Tuesday, Thursday (Red Cliffs) 8.45am- 1.45pm |
|  | Wednesday (Nangiloc) 8.45am- 1.45pm |
|  | **Group 2D** |
|  | Monday, Thursday (Red Cliffs) 8.45am- 1.45pm |
|  | Wednesday (Nangiloc) 8.45am- 1.45pm |

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| **Kathleen Kelly** | |
|  | **Group A** |
|  | Monday, Tuesday, Wednesday 9.00am-2.00pm |
|  | **Group B** |
|  | Monday, Tuesday, Thursday 9.00am- 2.00pm |
|  | **Group C** |
|  | Monday, Wednesday, Thursday 9.00am-2.00pm |
|  | **Group D** |
|  | Tuesday, Wednesday, Thursday 9.00am-2.00pm |

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| **Irymple Kindergarten** | |
|  | **Group 1 - Green** |
|  | Monday and Thursday 9.00am -3.00pm |
|  | Wednesday 9.00am– 12.00pm |
|  | **Group 2 - Purple** |
|  | Monday and Thursday 9.00am- 3.00pm |
|  | Wednesday 9.00am- 12.00pm |
|  | **Group 3 - Red** |
|  | Monday and Wednesday 8.30am- 2.30pm |
|  | Friday 8.30am- 11.30am |
|  | **Group 4 - Blue** |
|  | Tuesday and Thursday 8.30am- 2.30pm |
|  | Friday 12.30pm- 3.30pm |
|  | **Group 5 - Yellow** |
|  | Tuesday and Friday 9.00am- 3.00pm |
|  | Wednesday 1.00pm- 4.00pm |

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| **Mildura West Kindergarten** | |
|  | **Red Group** |
|  | Monday, Tuesday, Wednesday 8.45am- 1.45pm |
|  | **Green Group** |
|  | Monday, Tuesday 8.30am -2.30pm |
|  | Friday (bush kinder) 8.30am- 11.30am |
|  | **Blue Group** |
|  | Wednesday, Thursday 8.30am – 4.00pm |