 Kindergarten Enrolment Form

*MRCC OFFICE USE*

2020 **Please read the Enrolment Information Booklet for further information on the enrolment process and allocation of places.**

*Please complete* ***all sections*** *of this form. Failing to do so may result in Council being unable to process your application and may be returned to you.*

Please inform enrolment staff immediately of any changes to this enrolment form by emailing [kindergarten@mildura.vic.gov.au](mailto:kindergarten@mildura.vic.gov.au) or by calling 5018 8562 e.g new address, telephone number, and change of preference.

Change of details or preference form is available on the website.

**First round closing date 30 June 2019**

|  |  |
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| **CHECKLIST – please ensure these documents are attached** | **TICK** |
| A copy of my Concession Card (Health Care/ Pension/Visa) |  |
| My child’s Medicare Immunisation History Statement (must contain the Medicare Logo) |  |
| If relevant: current Court Orders, Parenting orders or parenting plans |  |

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| **THIS ENROLMENT: for 2020** | |
| **Is your child enrolling for pre-kindergarten?**  (*2 years prior to starting school – child* ***MUST*** *be 3 years of age – please refer to information guide)* | Yes |
| **Is your child enrolling for kindergarten?**  (*The year prior to school)* | Yes |
| **Have you enrolled your child in a kindergarten outside of Central Enrolment?**  *Kindergarten Name:* | Yes |

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| **PREVIOUS YEAR:2019 enrolment if applicable** | | |
| **Did your child attend a 4-year-old funded kindergarten in 2019?** i.e. is this a second year application | yes | no |
| **Did your child attend a pre-kindergarten program in 2019?** | yes | no |
| *If yes, please provide the kindergarten name and location:* | | |

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| **Early Start Kindergarten Funding (eligibility)** |
| Early Start Kindergarten enables eligible 3 year old children to access a kindergarten program for up to 15 hours per week.  To be eligible for Early Start Kindergarten children must be: |
| Aged 3 years of age prior to the 30th April, in the year they are attending Yes |
| **AND** an Aboriginal or Torres Strait Islander person Yes |
| **OR** known to Child Protection (including children referred from Child Protection to Child FIRST? Yes |

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| **OFFICE USE ONLY:** | |
| Kindergarten \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Immunisation History Statement Supplied** yes  no  **Immunisation up-to-date** yes  no | **Entered**  **Sign** \_\_\_\_\_\_\_\_\_\_\_\_\_  **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **CHILD’S DETAILS:** | | | | | | | | | | |
| Given name/s: |  | | Middle Name: | |  | | | | | |
| Family name: |  | | Preferred Name: | |  | | | | | |
| Date of birth: |  | | Gender: | | Male: | | Female: | | | Other: |
| Home address: | | | Suburb: | | | | | Postcode: | | |
| Language(s) spoken at home: | | | | Country of birth: | | | | | | |
| Is the child a | | twin | triplet | | | quadruplet | | | | |
| Religion/Cultural Background: | | | | | | | | | | |
| Does this child have a sibling(s) who attended kindergarten in the past 5 years? | | | | | | | yes | | no | |
| *Name of the* ***kindergarten*** *they attended:* | | | | | | | | | | |

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| **PARENT INFORMATION:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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”.  ***\*please complete all information arrows and “as above” do not meet requirements\**** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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: | | | | | |  | | | | | | | | | | | | | |
| Email address: | | | | | |  | | | | | | | | | | | | Email address: | | | | |  | | | | | | | | | | | | | | |
| Current Address: | | | | | |  | | | | | | | | | | | | Current Address: | | | | |  | | | | | | | | | | | | | | |
| Town: |  | | | | | | | | | | | Postcode: | | | | |  | Town: | |  | | | | | | | | | | | Postcode: | | | | |  | |
| Mailing address (if different from above) | | | | | | | | | | | | | | | | | | Mailing address (if different from above) | | | | | | | | | | | | | | | | | | | |
| Town |  | | | | | | | | | | | Postcode: | | | | |  | Town: |  | | | | | | | | | | | | Postcode: | | | | |  | |
| Does the child live with you? | | | | | | | | | | | | Yes | | | | No | | Does the child live with you? | | | | | | | | | | | | Yes | | | | | No | | |
| if not, where      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | if not, where     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
| Would you like to receive all correspondence about your | | | | | | | | | | | | | | | | | | Would you like to receive all correspondence about your | | | | | | | | | | | | | | | | | | | |
| enrolment via | | | | | | | | | | Post | | | | Email | | | | enrolment via | | | | | | | | | Post | | | | | | | Email | | | |
| Home Phone: | | |  | | | | | | | | | | | | | | | Home Phone: | | | |  | | | | | | | | | | | | | | | |
| Mobile: | | |  | | | | | | | | | | | | | | | Mobile: | | | |  | | | | | | | | | | | | | | | |
| Work Phone: | | |  | | | | | | | | | | | | | | | Work  Phone: | | | |  | | | | | | | | | | | | | | | |
| Language spoken at home if other than English | | | | | | | | |  | | | | | | | | | Language spoken at home if other than English: | | | | | | | | | |  | | | | | | | | | |
| Do you require an interpreter? | | | | | | | | | | | | Yes | | | | No | | Do you require an interpreter? | | | | | | | | | | | | | | Yes | | | | No | |
|  | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |  | | | | | |
| Are you the nominated contact person? | | | | | | | | | | | | | Yes | | | No | | Are you the nominated contact person? | | | | | | | | | | | | | | Yes | | | | No | |
|  | | | | |  | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | |
| Does either parent work, study or have other children at school within the location of the kindergarten? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | No | | | | |

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| **KINDERGARTEN FEE SUBSIDY:** | | | | | | | | | | | | | |
| **Do you have one of the following Cards/Visas listed below?**  *if yes, please include details below and provide a photocopy of your Card/Visa.* | | | | | | | | | | | | yes | no |
| Card/Visa Number: | | | | | Expiry Date: | | | | | | | | |
| *Copy received: (office use only):* | | | | | | | | | | | | | |
| Commonwealth Health Care Card | | | | | Commonwealth Pensioner Concession Card | | | | | | | | |
| Department of Veterans’ Affairs Gold Card or White Card | | | | | Global Special Humanitarian Visa (subclass 202) | | | | | | | | |
| In-Country Special Humanitarian Visa (subclass 101) | | | | | Refugee Visa (subclass 200) | | | | | | | | |
| Temporary Humanitarian Concern Visa (subclass 786) | | | | | Protection Visa (subclass 866) | | | | | | | | |
| Bridging Visa A-E | | | | | Woman at Risk Visa (subclass 204) | | | | | | | | |
| Emergency Rescue Visa (subclass 203) | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **CHILD BACKGROUND INFORMATION** | | | | | **Is the child in an Out Of Home Care arrangement (including kinship care)?** | | Yes | No | | **Is the child known to Dept of Human Services/Child FIRST/ Child Protection Program?** | | Yes | No | | Caseworkers name: | phone: | | | | **Is the child of Australian Aboriginal or Torres Strait Islander descent?** *(please tick one box only)*  No  Yes, Australian Aboriginal  Yes, Torres Strait Islander  Yes, both Australian Aboriginal and Torres Strait Islander | | | | | **Has the child previously received Early Start Kindergarten Funding?** | | Yes | No | | *Kindergarten attended?* | | | | | **Does the child have refugee or asylum seeker status?** Yes  No | | | |  |  | | --- | | **Immunisation History**  **Has your child been immunised?** Yes  No  **Medicare Immunisation History Statement has been supplied** Yes  No  **Next immunisation due:**  A copy of your child’s Medicare Immunisation History Statement **MUST** be provided to the service before the child 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) | | | | | | | | | | | | | | |
| **OTHER PERSONS AUTHORISED TO COLLECT CHILD AND BE NOTIFIED (must include 2 people NOT parents)** | | | | | | | | | | | | | |
| 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. If you are new to the area, these lists can be updated once your child has commenced.  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. | | | | | | | | | | | | | |
| **Contact 1** | | | | | | **Contact 2** | | | | | | | |
| 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 | | | | | | |

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| **Contact 3** | | | | | | | | **Contact 4** | | | | | | |
| 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 | | | | | |
|  |  | | | | | | |  | |  | | | | |
| \* authorisation under regulation 102 (4)-(5) by parent/authorised person/person with authority to authorise taking child outside the service on excursions; regular outings. | | | | | | | | | | | | | | |
| **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: | | | | | |
| Address: | | Phone: 🕿 | | | |
| **Child’s Medicare Number:** (please complete) | | | | | |
| **Do you have ambulance subscription?** Yes  No  Ambulance Subscription number and provider: | | | | | |
| **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  *If yes, please provide to the kindergarten for sighting* | | | | | |
| Has your child completed their 3.5 to 4 year old key age and stage visit? Yes  No  ***Would you like to be contacted regarding an appointment?***  Yes  No | | | | | |
| **Office use only:** I confirm I have sighted the child’s health records. Yes  No  Kindergarten Staff Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ | | | | | |
| **Does the child have any additional needs which may require specialist assistance?**  Yes  No  Unsure  please provide details: | | | | | |
| **Has the child been given a diagnosis or are waiting for a diagnosis?** Yes  No  please provide details | | | | | |
| **Are there currently any specialist agencies involved with your child?** Yes  No  *ie. Speech therapy, occupational therapy, physiotherapy*, *ECIS/NDIS***.**  please provide details: | | | | | |
| **Is the child on regular medication?** Yes  No  *Name of medication:* | | | | | |
| **Does your child have any of the following medical conditions?**  Asthma  Epilepsy  Diabetes  Other  Please provide 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.* | | | | | |
| **Does the child have an allergy, sensitivity or dietary requirements?** | Yes | | No | | |
| Please provide details  ***If yes,*** *please complete an Allergy Management Plan prior to starting kindergarten. This provides details of any allergies and any management procedures to be followed in respect to the allergy, usually in consultation with your GP* | | | | | |
| **CHILD’S HEALTH AND MEDICAL INFORMATION: continued** | | | | | |
| **Has the child been diagnosed at risk of anaphylaxis?**  **If yes, please answer the following**   * Does the child have an auto injection (i.e. Epipen®)? | | | | Yes  Yes | No  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**. This will be attached to your child’s enrolment form and displayed in the service. More information is available at [www.education.vic.gov.ay/anaphylaxis](http://www.education.vic.gov.ay/anaphylaxis) | | | | | |
| **Kindergarten Use Only:**  Has the Anaphylaxis Medical Management Plan been provided to the service prior to start date?  Has the Risk Management Plan been completed by the service in consultation with the parent?  signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Yes 🞎  Yes 🞎 | Yes 🞎  Yes 🞎 |

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| **TRANSITION SUPPORT – getting to know your child and family** | | | | | | |
| Has your child previously attended? | | Kindergarten | Playgroup | | | Child Care |
| Names of other family members in your home: (including siblings, grandparents, aunts) | | | | | | |
| 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, favourite toy for security 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.** | | | | | | |
| Please tell us about the cultural background of you and your child, including special considerations or dietary requirements. (e.g. celebrations, special days, ways in which you could contribute to our program). | | | | | | |
| **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 | | | | | | |
| **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. Families will receive a copy of letters/reports or have notification of conversations released under this authority.  **Childs Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **I,** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for the kindergarten  Educational Leader/Educator & MRCC Central Enrolment Officer 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 Child and 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, Department of Education and Training (DET) Koorie Engagement Officer (KESO), Early Childhood Intervention Services (ECIS) * MRCC Best Start and Central Enrolment for data collection and research purposes.   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Parent/Guardian Signature Date | | | | | | |
| **OTHER PERMISSIONS** | | | | | | |
| **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 |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Parent/ Guardian Name Signature | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date | |

## Parental education and occupation details

**Please complete for FUNDED KINDERGARTEN (15 HOURS) ENROLMENTS**

|  |  |  |
| --- | --- | --- |
| CHILD’S NAME: | | |
|  | **Adult A (Primary Carer)** | **Adult B (must be completed, except in cases of single parent families)** |
| **Education** |  |  |
| **What is the highest year of primary or secondary school the parent/guardian has completed?** (tick one)  *For persons who have never attended school, mark ‘Year 9 or equivalent or below’.* | Year 9 or equivalent or below | Year 9 or equivalent or below |
| Year 10 or equivalent | Year 10 or equivalent |
| Year 11 or equivalent | Year 11 or equivalent |
| Year 12 or equivalent | Year 12 or equivalent |
| **What is the level of the highest qualification the parent/guardian has completed?** (tick one) | No non-school qualification | No non-school qualification |
| Certificate I to IV (including trade certificate) | Certificate I to IV (including trade certificate) |
| Advanced diploma / Diploma | Advanced diploma / Diploma |
| Bachelor degree or above | Bachelor degree or above |
| **Occupation**  **\**please refer to next page\**** |  |  |
| **What is the occupation of the parent/guardian?** |  |  |
| **What is the occupation group of the parent/guardian?**  *Please tick the appropriate parental occupation group from the attached list (See Parental Occupation Group Codes).*  *If the person has not been in paid work for the last 12 months, tick ‘N’.*  *If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list.* | A | A |
| B | B |
| C | C |
| D | D |
| N | N |

**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.

**Office Use Only**

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## 

**PRE- KINDERGARTEN GROUPS (3-10 HOURS PER WEEK)**

Two years prior to starting school (the year the child turns 4 years)

Please note: your child is unable to commence until after their 3rd birthday

This not a funded program and at **full cost** to families

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| **Mildura South Kindergarten** | | |
|  | currants | Thursday  8.30-1.30 (5 hours) |
|  | Sultanas | Friday  8.30–11.30 (3 hours) |
| Please tick this box if you would like to be enrolled in both sessions. | | |

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| **Irymple Kindergarten** | | |
|  | group 1  yellow | Wednesday  9.00 - 2.00 |
|  | group 2  green | Thursday  9.00 – 2.00 |
|  | group 3  blue | Friday  9.00 – 2.00 with a 3 hour option |

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| **Mildura West Kindergarten** | | |
|  | purple group  (5 hours) | Thursday  8:45 - 1:45 |
|  | orange group  (3 hours) | Friday  8:45 – 11:45 |
| Please tick this box if you would like to be enrolled in both sessions. | | |

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| **Kathleen Kelly Kindergarten** | | |
|  | 2A | Monday 9.00 - 2.00 |
|  | 2B | Tuesday 9.00 - 2.00 |
|  | 2C | Thursday 9.00 - 2.00 |
|  | 2D | Friday 9.00 - 2.00 |

* Number your preferences in order from **1-3** for groups **you are willing to accept**.
* If you are not willing to accept the kindergarten group do not select it *(For an example, please see the Enrolment Information Booklet)*
* Please select a maximum of **3** preferences.
* Start with number 1 for your **most** preferred group

**Please number you preferences, do not tick.**

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| **Red Cliffs Kindergarten** | | |
|  | group 1 | Wednesday  8:45 - 11:45 |
|  | group 2 | Friday  8:45 – 11:45 |
| Please tick this box if you would like to be enrolled in both sessions. | | |

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| **Nangiloc and Districts Kindergarten** | | |
|  | group 1 | Wednesday  8:45 - 1:45 |

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| **DeGaris Kindergarten** | | |
|  | Joeys  Thursday | Thursday  8:30 – 1:30 |
|  | Joeys  Friday | Friday  8:30 – 1:30 |
| Please tick this box if you would like to be enrolled in both sessions. | | |

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| **St Margaret’s Preschool** | | |
|  | Group 3 | Monday  9:00 – 2:00 |
|  | Group 3 | Friday  9:00 – 12:00 |
| Please tick this box if you would like to be enrolled in both sessions. | | |

**KINDERGARTEN GROUPS (15 HOURS PER WEEK)**

The year prior to starting school (the year the child turns 5 years of age)

Number your preferences in order from 1-3 for groups you are willing to accept.

• If you are not willing to accept the kindergarten group do not select it

(For an example, please see the Enrolment Information Booklet)

• Please select a maximum of 3 preferences.

• Start with number 1 for your most preferred group

**Please number you preferences, do not tick.**

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| --- | --- | --- |
| **Mildura South Kindergarten** | | |
|  | group 1  red | Monday 8:30 – 1:30  Tuesday 8:30 - 1:30  Wednesday 8:30- 1:30 |
|  | group 2  blue | Monday 8:45 – 4:15  Tuesday 8:45 – 4:15 |
|  | group 3  Yellow | Wednesday 8:45 – 1:45  Thursday 8:45 – 1:45  Friday 8:45 – 1:45 |

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| **Irymple Kindergarten** | | |
|  | group 1  red | Monday 8:30-2:30  Wednesday 8:30-2:30  Friday 8:30-11:30 |
|  | group 2  blue | Tuesday 8:30 – 2:30  Thursday 8:30 – 2:30  Friday 12:30 – 3:30 |
|  | group 3  purple | Monday 8:30 -4.00  Tuesday 8:30 -4.00 |
|  | group 4  yellow | Tuesday 8:30 - 4:00  Friday 8:30 - 4:00 |
|  | group 5  green | Monday 9:00 - 3:00  Wednesday 9:00- 12:00  Thursday 9:00 - 3:00 |

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| **Mildura West Kindergarten** | | |
|  | red group | Monday 8:45 – 1:45  Tuesday 8:45 – 1:45  Wednesday 8:45 – 1:45 |
|  | green group  (bush kinder  Thursday) | Wednesday 8.30 – 2.30  Thursday 8:30 – 11:30  Friday 8.30 – 2.30 |
|  | blue group  (long days) | Monday 8:30 – 4:00  Tuesday 8:30 – 4:00 |

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| **Red Cliffs Kindergarten** | | |
|  | yellow group | Tuesday 8.45 – 1.45  Wednesday 8.45 – 1.45  Thursday 8.45 – 1.45 |
|  | blue group | Monday 8.45– 1.45  Tuesday 8.45 - 1.45  Thursday 8.45– 1.45 |

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| **Kathleen Kelly Kindergarten** | | |
|  | group 1A | Monday 9.00 – 2.00  Tuesday 9.00-2.00  Thursday 9.00 – 2.00 |
|  | group 1B | Tuesday 9.00-2.00  Thursday 9.00-2.00  Friday 9.00-2.00 |
|  | group 1C | Monday 9.00-2.00  Thursday 9.00-2.00  Friday 9.00-2.00 |
|  | group 1D | Monday 9.00-2.00  Tuesday 9.00-2.00  Friday 9.00-2.00 |
|  | group 1D | Tuesday 9.00-2.00  Wednesday 9.00-2.00  Thursday 9.00-2.00 |

Please turn over page for **MORE** kindergartens sessions

**KINDERGARTEN GROUPS (15 HOURS PER WEEK)**

The year prior to starting school (the year the child turns 5 years of age)

|  |  |  |
| --- | --- | --- |
| **Nangiloc and Districts Kindergarten** | | |
|  | Kinder group  *At Nangiloc* | Tuesday 8:45 – 1:45  Wednesday 8:45–1:45  Thursday 8.45 – 1.45 |

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| **DeGaris Kindergarten** | | |
|  | Wombats | Monday 9.00 - 2.00  Tuesday 9.00 – 2.00  Wednesday 9.00 – 2.00 |
|  | Kookaburras | Wednesday 1:00 – 4:00  Thursday 9:00 – 3:00  Friday 9:00 – 3:00 |
|  | Kangaroos  (bush kinder Wednesday) | Monday 8:45 – 2:45  Tuesday 8:45 – 2:45  Wednesday 8.45-11.45 |

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| **St Margaret’s Preschool** | | |
|  | Group 1  Room 1 | Tuesday 9:15 – 2:15  Wednesday 9:15 – 2:15  Thursday 9:15 – 2:15 |
|  | Group 2  Room 2 | Monday 8.45 -1.45  Tuesday 8:45 – 1:45  Wednesday 8:45 – 1:45  Thursday 8:45 – 1:45 |
|  | Please tick ☑ **3 preferred days** for Group 2. | |