



## APPLICATION FOR ENROLMENT FORM

Thank you for considering St Dunstan's Anglican Kindergarten. St Dunstan's Anglican Kindergarten is not part of the Boroondara Kindergarten Central Enrolment Scheme (BKCES). Please apply directly to us if you would like to enrol your child.

### How to apply

To apply for a place for your child, complete this form electronically and email or post it to us.

Email: [st.dunstans.kin@kindergarten.vic.gov.au](mailto:st.dunstans.kin@kindergarten.vic.gov.au)

Address: 163 Wattle Valley Road, Camberwell VIC 3124

### Eligibility

**Applications are accepted for children who are two years of age or older. Please note that your child must be three years of age by 31 January in the year in which you would like them to start the three-year-old program.**

### Timing of offers

We will contact you in July/August in the year before your child is due to commence the program to offer you a place, or to advise you that you have been added to a waiting list.

If your child is offered a place, you will be given approximately 10 – 14 days to accept the offer, and secure your child's place by paying the term one fee in full.

**PERSON/S RESPONSIBLE FOR ENROLMENT**

Parent 1/Guardian 1: (Please circle) Mr Mrs Ms Miss Dr Other

|                            |  |          |  |        |  |
|----------------------------|--|----------|--|--------|--|
| First Name                 |  | Surname  |  |        |  |
| Address for Correspondence |  |          |  |        |  |
| Postcode                   |  |          |  |        |  |
| Telephone (Home)           |  | (Mobile) |  | (Work) |  |
| Email Address              |  |          |  |        |  |
| Relationship to Child      |  |          |  |        |  |

Parent 2/Guardian 2: (Please circle) Mr Mrs Ms Miss Dr Other

|                            |  |          |  |        |  |
|----------------------------|--|----------|--|--------|--|
| First Name                 |  | Surname  |  |        |  |
| Address for Correspondence |  |          |  |        |  |
| Postcode                   |  |          |  |        |  |
| Telephone (Home)           |  | (Mobile) |  | (Work) |  |
| Email Address              |  |          |  |        |  |
| Relationship to Child      |  |          |  |        |  |

Do you require the assistance of an interpreter? : Yes  No

If so, which language? \_\_\_\_\_

**CHILD DETAILS**

|  |   |               |  |          |  |
|--|---|---------------|--|----------|--|
| First Name   |   | Date of birth |  |          |  |
| Preferred Name   |   | Surname       |  |          |  |
| Gender   | Male <input type="checkbox"/> Female <input type="checkbox"/>   |               |  |          |  |
| Child's Address (if different)                               |   |               |  | Postcode |  |
| Immunisation Status  | Fully Immunised for age <input type="checkbox"/> Not immunised <input type="checkbox"/><br><i>Note: Under government regulations an Australian immunisation status certificate will need to be presented prior to admission</i> |               |  |          |  |
| Does your child speak a language other than English at home? | Yes (Please specify below) <input type="checkbox"/> No <input type="checkbox"/><br>_____  |               |  |          |  |
| Does your child speak English?                               | Yes <input type="checkbox"/> No <input type="checkbox"/>  |               |  |          |  |

**ADDITIONAL PROGRAM INFORMATION**

Please indicate which program (s) you are applying for:

- Three-year-old kindergarten in 20 \_\_\_\_
- Four-year-old kindergarten in 20 \_\_\_\_

|  |
|--|
| <b>1. Have any of your family members previously attended St Dunstan's Kindergarten? If you answered yes, please provide any children's name(s) and the year(s) they attended below:</b> |
|  |
| <b>2. Do you have any other children who may attend St Dunstan's Kindergarten in the future? If yes, please provide their names and the years they are expected to attend.</b>           |
|  |
| <b>3. Does your child have any special needs, disabilities or medical conditions that we should be aware of?</b>   |
|  |

For further information about our enrolment policy, please refer to the 'Enrolment' page on our website at: [www.stdunstanskinder.org.au](http://www.stdunstanskinder.org.au)

|                                      |  |             |  |
|--------------------------------------|--|-------------|--|
| <b>Signature of parent/guardian*</b> |  | <b>Date</b> |  |
|--------------------------------------|--|-------------|--|

\* If you're completing this form electronically, please just type your name here.

**Health care card holders**

If you're applying for a place in the four year old program, and you hold a health care card, you may be eligible to receive a government subsidy to cover a portion of your child's kindergarten fees. If you hold a current health care card, please provide a copy of it with your application.

**Thank you for your application**

**Office use only**

|                           |  |             |  |
|---------------------------|--|-------------|--|
| Date application received |  | Received by |  |
|---------------------------|--|-------------|--|