



2020 STAWELL KINDERGARTEN REGISTRATION FORM

Child Details						
Surname:						
Given Name:				Known as (if different)		
Date of Birth:				Sex:	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Parent Details: <i>Please indicate which Parents/Guardians child lives with (tick appropriate box/s)</i>						
	Mothers/Guardians Details <input type="checkbox"/>			Fathers/Guardians Details <input type="checkbox"/>		
Surname:						
Given Name:						
Residential Address:						
Postal Address: <small>(if different from above)</small>						
Contact Numbers:	Telephone No.	Business No.	Mobile No.	Telephone No.	Business No.	Mobile No.
Email Address:						
Priority Access (4 year old only): <i>Please indicate if any of the following apply to you by ticking the box and providing expiry details where applicable</i>						
Kindergarten Fees Subsidy (Concession Card) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES please provide details below</i>						
<input type="checkbox"/> Health Care Card	CRN No: _____	Expiry date		/	/	
<input type="checkbox"/> Pensioner Concession Card	CRN No: _____	Expiry date		/	/	
<input type="checkbox"/> Veteran's Affairs Card Gold Card	Expiry date		/	/		
<input type="checkbox"/> Multiple Birth (triplets +)						
Is your family known to a Child Protection Agency/Family Services? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES please specify below</i>						
<input type="checkbox"/> Currently attend 3yo kinder through Early Start						
Referred by			Case Manager: _____			
<input type="checkbox"/> Child Protection	<input type="checkbox"/> Child & Family Services		<input type="checkbox"/> CHILD FIRST			
<input type="checkbox"/> Integrated family services	<input type="checkbox"/> Services Connect		<input type="checkbox"/> Maternal & Child Health			
<input type="checkbox"/> Out of Home Care						
Children with Additional Needs <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES please specify &/or tick appropriate option below:</i>						
<input type="checkbox"/> Child holds a disability health care card _____						
<input type="checkbox"/> Eligible for Kindergarten Inclusion Support Package _____						
Or referred by						
<input type="checkbox"/> National Disability Insurance Scheme		<input type="checkbox"/> Early Child Intervention Service (indicate service): _____				
<input type="checkbox"/> Pre School Field Officer		<input type="checkbox"/> Maternal Child & Health Nurse				
Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Yes <input type="checkbox"/> No						
Asylum seeker and refugee children <input type="checkbox"/> Yes <input type="checkbox"/> No						
Current Court Orders (please supply copy) <input type="checkbox"/> Yes <input type="checkbox"/> No						
Early Start Programs (3 year old) Is your child eligible for Early Start?						
Aboriginal or Torres Strait Islander		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Known to Child Protection/Family Services		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Siblings Have you had a child previously attend a <u>4 year old program</u> in a HDKA kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES please provide details below</i>						
In what year did they attend?						
Which kindergarten did they attend?						

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STAWELL BASED KINDERGARTENS

THREE YEAR OLD (*Please Note: Child must turn 3 by 30th April in 2020 and cannot start until they have turned 3)*)

Please indicate the kindergarten and program hours by (tick ✓) for Three Year Old Kindergarten in 2020.

Please Note: As you may be aware the State Government has announced additional funding for the rollout of 3yo kindergarten commencing in 2020. All children on concession cards will be eligible for up to 15 hours of free 3yo kindergarten as of 2020. (HDKA are currently working with the Department to determine potential programs we may offer and hours provided). At this stage in order for us to determine what programs and hours we may offer in 2020 we need to determine enrolments numbers. Please complete the table below to register your interest.

3 year old Kindergarten Programs and Days of Operation for 2020 Up to 15 hours (TBC)	MARRANG (TBC)	COOINDA (TBC)

Please indicate the number of kindergarten hours you would prefer your child to access for 3 year old kindergarten:

5 hours (1 day)

10 hours (2 days)

15 hours (3 days)

FOUR YEAR OLD (*Please Note: Child must turn 4 by 30th April 2020*)

Please indicate the kindergarten by (tick ✓) for Four Year Old Kindergarten in 2020.

4 year old Kindergarten Programs and Days of Operation for 2020	MARRANG (TBC) 8.45am-1.45pm	COOINDA (TBC) 9.00am – 2.00pm

Name of person filling in this form	
Signature	
Date	

Thank you for your Kindergarten Registration.

A confirmation of your Kindergarten Registration will be emailed to you.

Enrolment placement offers will be emailed out in July.

Horsham and District Kindergarten Association Inc.
Website: www.hdka.com.au Email: enrol@hdka.com.au

Location: Shop 2/33 O'Callaghans Parade Horsham Vic 3400

Post: PO Box 1326, Horsham 3402 **Telephone:** 5382 7997 **Mobile:** 0418 526 975

Executive Officer: Pauline Butler **Office Hours:** Monday to Friday 9am to 3pm (after 3pm appointments required)