



# 2021 HINDMARSH KINDERGARTEN REGISTRATION FORM

Child Details						
<b>Surname:</b>						
<b>Given Name:</b>						Known as (if different)
<b>Date of Birth:</b>				<b>Sex:</b>	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Parent Details: <i>Please indicate which Parents/Guardians child lives with ( tick appropriate box/s)</i>						
	<b>Mothers/Guardians Details</b> <input type="checkbox"/>			<b>Fathers/Guardians Details</b> <input type="checkbox"/>		
<b>Surname:</b>						
<b>Given Name:</b>						
<b>Residential Address:</b>						
<b>Postal Address:</b> <small>(if different from above)</small>						
<b>Contact Numbers:</b>	Telephone No.	Business No.	Mobile No.	Telephone No.	Business No.	Mobile No.
<b>Email Address:</b>						
Priority Access: <i>Please indicate if any of the following apply to you by ticking the box and providing expiry details where applicable</i>						
<b>Kindergarten Fees Subsidy (Concession Card)</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <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 +)						
<b>Is your family known to a Child Protection Agency/Family Services?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <i>If YES please specify below</i>						
<input type="checkbox"/> Currently attend 3yo kinder through Early Start						
<b>Referred by</b> 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						
<b>Children with Additional Needs</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <i>If YES please specify &amp;/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 _____						
<b>Or referred by</b>						
<input type="checkbox"/> National Disability Insurance Scheme			<input type="checkbox"/> Early Child Intervention Service ( <i>indicate service</i> ): _____			
<input type="checkbox"/> Pre School Field Officer			<input type="checkbox"/> Maternal Child & Health Nurse			
<b>Aboriginal and/or Torres Strait Islander</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>						
<b>Asylum seeker and refugee children</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>						
<b>Current Court Orders (please supply copy)</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>						
<b>Early Start Programs (3 year old)</b> Is your child eligible for Early Start?						
Aboriginal or Torres Strait Islander		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>				
Known to Child Protection/Family Services		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>				
<b>Siblings</b> Have you had a child previously attend a <b>4 year old program</b> in a HDKA kindergarten? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <i>If YES please provide details below</i>						
In what year did they attend?						
Which kindergarten did they attend?						
<b>Is the family a single parent family?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>						
<b>Do you require Long Day Care? (Dimboola &amp; Nhill only)</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>						

**Please complete & return to HDKA by Friday 3<sup>rd</sup> July 2020**

Office use only: Date Processed \_\_\_\_\_ 4 yr app. No. \_\_\_\_\_ 3 yr app. No. \_\_\_\_\_



# 2021 HINDMARSH KINDERGARTEN REGISTRATION FORM

## HINDMARSH BASED KINDERGARTENS

**FUNDED THREE YEAR OLD** ( *Please Note: Child must turn 3 by 30<sup>th</sup> April in 2021 and cannot start until they have turned 3*)

Please indicate the kindergarten and program hours by (tick ✓) for Three Year Old Kindergarten in 2021.

<b>3 year old Kindergarten Programs and Days of Operation for 2021 15 hours</b>	<b>DIMBOOLA</b> (Monday, Tuesday, Wednesday & Friday)  <b>8.40am – 1.40pm</b> (dependent on enrolment numbers)	<b>JEPARIT</b> (Monday & Tuesday) <i>Please note: additional day on Thursday in Rainbow</i>  <b>8.50am – 1.50pm</b>		<b>NHILL</b> (Monday, Tuesday, Wednesday & Thursday)  <b>8.45am – 1.45pm</b> (dependent on enrolment numbers)	<b>RAINBOW</b> (Wednesday, Thursday & Friday)  <b>8.40am – 1.40pm</b>
		<b>Jeparit Mon &amp; Tues</b>	<b>Rainbow Thursday</b>		

**FUNDED FOUR YEAR OLD** ( *Please Note: Child must turn 4 by 30<sup>th</sup> April 2021*)

Please indicate the kindergarten by (tick ✓) for Four Year Old Kindergarten in 2021.

<b>4 year old Kindergarten Programs and Days of Operation for 2021</b>	<b>DIMBOOLA</b> (Monday, Tuesday, Wednesday & Friday)  <b>8.40am-1.40pm</b> (dependent on enrolment numbers)	<b>JEPARIT</b> (Monday & Tuesday) <i>Please note: additional day on Thursday in Rainbow</i>  <b>8.50am – 1.50pm</b>		<b>NHILL</b> (Monday, Tuesday, Wednesday & Thursday)  <b>8.45am-1.45pm</b> (dependent on enrolment numbers)	<b>RAINBOW</b> (Wednesday and Thursday & Friday)  <b>8.40am – 1.40pm</b>
		<b>Jeparit Mon &amp; Tues</b>	<b>Rainbow Thursday</b>		

<b>Name of person filling in this form</b>	
<b>Signature</b>	
<b>Date</b>	

***Thank you for your Kindergarten Registration.***  
***A confirmation of your Kindergarten Registration will be emailed to you.***  
***Enrolment placement offers will be sent out in July.***

**Please complete & return to HDKA by Friday 3<sup>rd</sup> July 2020**

**Horsham and District Kindergarten Association Inc.**  
**Website: [www.hdka.com.au](http://www.hdka.com.au) Email: [enrol@hdka.com.au](mailto: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)