



2021 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: <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 (<i>indicate service</i>): _____			
<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 4 year old program 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?						
Is the family a single parent family? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you require Long Day Care? (Marrang only) <input type="checkbox"/> Yes <input type="checkbox"/> No						

Please complete & return to HDKA by Friday 3rd July 2020

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



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STAWELL KINDERGARTENS

FUNDED THREE YEAR OLD (*Please Note: Child must turn 3 by 30th 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.

3 year old Kindergarten Programs and Days of Operation for 2021 15 hours	MARRANG Monday – Friday (dependent on enrolment numbers) 9.00am – 2.00pm

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

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

4 year old Kindergarten Programs and Days of Operation for 2021	MARRANG Monday – Friday (dependent on enrolment numbers) 8.45am-1.45pm	COOINDA Monday – Friday (dependent on enrolment numbers) 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 sent out in July.

Please complete & return to HDKA by Friday 3rd July 2020

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)