



## Expression of Interest for Kindergarten

Child's name: ..... M / F / Other Date of Birth: ..... / ..... / .....

Parent's/Carer's names: .....

Address: .....

.....

Email address: .....

Home Phone: ..... Mobile phone: .....

Enrolment for:  4/5 Year Old Kinder  3/4 Year Old Kinder

Year commencing: .....

To help us prepare our programs to accommodate each child's needs, please let us know if your child has any medical diagnoses that may require additional support? eg. Developmental delays, medical conditions

(NB. This has no bearing on a child's priority of enrolment, merely gives our service additional time to cater for each child's individual needs)

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In line with our Enrolment and Orientation Policy and DET policy, priority of enrolment is given to children within the following categories. Please tick any that apply to your child and provide relevant documentation, where required.

<input type="checkbox"/>	Child Protection Referral	<input type="checkbox"/>	Aboriginal and/or Torres Strait Islander	<input type="checkbox"/>	Child and/or parent holds a Health Care Card, Pension Card or Veteran's Affairs Card	<input type="checkbox"/>	Child of Multiple Birth (triplets, quadruplets)
<input type="checkbox"/>	MCH Referral	<input type="checkbox"/>	Sibling of current/past student of St Paul's	<input type="checkbox"/>		<input type="checkbox"/>	Accessing 2 <sup>nd</sup> year of funded 4-year-old kindergarten
<input type="checkbox"/>	Asylum Seeker or Refugee						

\*\*With the return of this form, we require a copy of your child's birth certificate, a copy of their Medicare immunisation history statement and a \$100 booking fee. (Please note, the booking fee is non-refundable.)

**Booking fees cannot be accepted as cash. Please make a deposit via direct deposit using online banking. Please use your child's name OR date of birth as reference so we can identify your deposit in our records. BSB: 704-942, Acc No: 101014643, Acc Name: Geelong St John's Lutheran Kindergarten**

I have read and I understand the attached *Enrolment & Orientation Policy*  (please tick)

Parent Signature: .....

How did you hear about St John's Lutheran Kindergarten? .....

Please fill out and return this form to the GLC St John's Newtown reception or email to [sjenrolment@glc.vic.edu.au](mailto:sjenrolment@glc.vic.edu.au)

**Staff Use only:** \$100 deposit received  Kindergarten staff signature: ..... Date: ..... / ..... / .....