

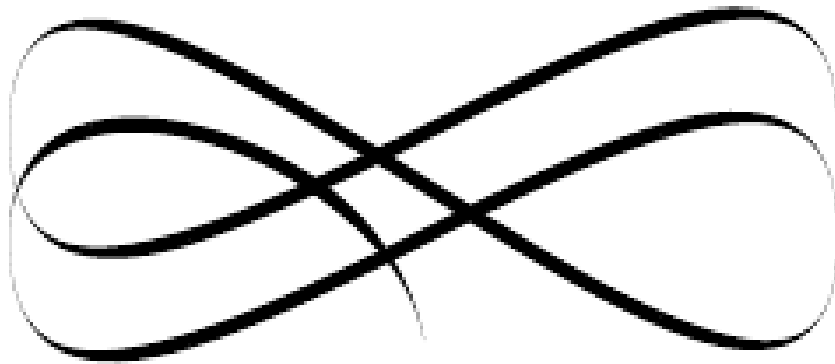
LMPA - CENTRAL ENROLMENT SYSTEM

Managed and maintained on behalf of the community

Pre-Kindergarten Enrolment Application Form

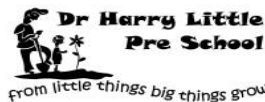
*To be able to attend Prekindergarten your child must be 3 years of age.

This is the minimum age requirement in Victoria.



Y KINDERGARTEN
CLUSTER
MANAGEMENT

BENDIGO Pre-SCHOOL inc.



ENROLMENT QUICK GUIDE - PLEASE READ CAREFULLY

1. For help with filling out this form, contact LMPA - Central Enrolments on **5443 1229** between 9 a.m. and 5 p.m. weekdays.
2. You must complete a new Enrolment Application each year.
3. The attached list of Kindergartens should be used to help you with choosing which centres you would like your child to attend.
4. Applications for the first round of placements should be lodged by **July 15, 2018**.
5. Incomplete applications will not be processed. It is your responsibility to ensure all documents are provided with your application e.g. application fee, Health Care/Pension Card and Australian Childhood Immunisation Register (ACIR) Immunisation History Statement. Please note – Health Books and GP letters cannot be accepted as proof of Immunisation Status. If your child is eligible for the 16 weeks grace period and have no ACIR Immunisation History Statement you will need to provide proof of age for your child.
6. Families have 10 days to return letters of offer. Please consider Australian Post time frames.
7. If you are sending your form by mail it is recommended that you use Registered or Express Post.
8. It is your responsibility to ensure that this application is received by LMPA - Central Enrolments.

Did you know that your child is eligible for a free 3½ year old developmental assessment, prior to commencing kindergarten?

This visit includes assessment of vision, co-ordination, weight, height, posture, speech and language.

Please call Maternal and Child Health on 5434-6364 to make an appointment.

Please return the enrolment application form and other documentation(supporting paperwork) :

By Registered or Express Post:

LMPA - Central Enrolments,
C/- Shine Bright EYM, 53 Wills Street, Bendigo Vic 3550

By email: Scanned applications can be emailed to enrolments@lmpa.org.au

In person: 53 Wills Street, Bendigo

Application Fee (\$25.00) Payment Options

- ***By Internet Banking or at any Bendigo Branch or agency***

Our bank details are as follows:

Account Name – LMPA

BSB – 633 000 Account no. – 129 236 170

Please use your child's full name as your reference.

- ***You can also pay Cash/EFT/Cheque/Money Order at 53 Wills Street, Bendigo***

Please note that government funding does not apply to prekindergarten. Prekindergarten is funded wholly and solely by parent fees.

The application must be paid for each child applying for kindergarten.

**Families with twins or triplets only have to pay one fee of \$25.00

^^If your child is eligible for Early Start Kindergarten, please contact the Central Enrolment Officer to discuss you options, prior to completing an application form

Your child is eligible for Early Start kindergarten in the year prior to kindergarten if your child is Indigenous or the family has been known to DHHS, Child Protection or ChildFIRST

2019 Pre-Kindergarten Application Details

CHILD DETAILS

Family name: _____ 1st Given Name: _____ 2nd Given Name: _____

Date of Birth: ____ / ____ / ____ Male Female

Is your Child of Aboriginal and/or Torres Strait Island origin?

Aboriginal Aboriginal and Torres Strait Islander Torres Strait Islander Not Applicable

Are you aware of your child having, or do you believe your child has, a developmental delay or disability? No Yes
(Including intellectual, sensory or physical impairment)

Has your child been involved in any developmental support programs? No Yes

Does your child have any medical conditions or need any assistance/specific aids to help them attend No Yes

Providing early advice of any developmental delay or disability is essential to ensure appropriate resources are available.

- I have read all information provided in this application form.
- I have included proof of my child's Immunisation History Statement, Medical Exemption form or Catch-up Schedule.
- I have paid the **\$25** application fee. Date paid: _____ Reference used : _____
- I understand that when a letter of offer of pre-kindergarten place is received, a written/email response must be returned within 10 days or the offer will be withdrawn and my child's application will be returned to the waiting list for the next allocation.
- I understand that Prekindergarten fees may vary between services
- I understand that session days and times are dependent on enrolment numbers and availability may change at any time I will notify LMPA - Central Enrolments if I will not be available to receive mail/email at the address indicated on this form when the allocation process begins.
- I give permission for LMPA – Central Enrolments to communicate with our family via email.
- I have signed and dated the form below

Signed: _____ Date: _____

OFFICE USE ONLY

Date Received _____

Allocation No _____

Payment Type: \$ EFT Chq O/Line B R-MB

Date Paid/Ref: _____

DOB verified: Yes

Immunisation: Yes Grace Period

Pre-KINDERGARTEN PREFERENCES (You can choose up to 5, please number 1 to 5)

Bendigo

- Assisi Kindergarten, Strathfieldsaye**
46A Blucher Street Strathfieldsaye Ph 5439 3833
- Axedale Preschool (NP)**
Behind the Hall, High St Axedale Ph 5439 7549
- Bendigo Preschool**
90 Myrtle Street Bendigo Ph 5443 6493
- Dr. Harry Little Preschool**
243 View Street Bendigo Ph 5443 8454
- Eaglehawk Preschool**
15 Bright Street Eaglehawk Ph 5446 8691
- Elmore Preschool**
65 Hervey Street Elmore Ph 5432 6341
- Epsom Preschool**
46 Myrtle Road Epsom Ph 5448 4037
- Heathcote Preschool**
Cnr Herriott & Camp Streets Heathcote Ph 5433 2068
- Helm Street Preschool**
13 Helm Street Kangaroo Flat Ph 5447 0185
- Huntly Kindergarten**
Cnr Stephenson & Green Street Ph 5448 8687
- Kennington Preschool (NP)**
17 Crook Street Kennington Ph 5443 7282
- Marong Early Learning Centre (NP)**
10 Leslie Street Marong Ph 5435 2394
- Neale St North Preschool**
7 Neale Street Bendigo Ph 5443 7070
- Neangar Preschool**
25 Watson Ave California Gully Ph 5446 9767
- North Bendigo Preschool**
Bannister Street Bendigo Ph 5443 2335
- South Bendigo Kindergarten**
23 Somerville Street Bendigo Ph 5443 3861
- Spring Gully Kindergarten (NP)**
113 Spring Gully Road Spring Gully Ph 5443 5980
- Strathfieldsaye Preschool**
26 Club Court Strathfieldsaye Ph 5439 5577
- White Hills Kindergarten**
62 Raglan Street White Hills Ph 5448 4571

Swan Hill

- Kunawaa Preschool**
20 Chapman Street Swan Hill Ph 5032 3600
- Nyah West & District Preschool**
Lloyd Street Nyah West Ph 5030 2204
- Swan Hill North Preschool**
64 Pye Street Swan Hill Ph 5032 2788
- Woorinen South Preschool**
McCalman Street Woorinen South Ph 5037 6741

Services are happy for you to visit to find the right program for your child but please call the service for their specific visiting arrangements. If a service listed above does not provide an approved funded kindergarten program at the time of printing this document, it may be working toward providing this program. Please

Sessions times are dependent on enrolment numbers and may change at any time prior to the start of the kindergarten year.

Pre-KINDERGARTEN ENROLMENT RECORD

ENROLMENT DETAILS

(A parent or guardian who has authority in relation to the child must complete this form.)

Powers and Responsibilities Authority Explanation All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Education & Care Services National Regulations refer to these powers and responsibilities as "a person with authority". It is not affected by the relationship between the parents, such as, whether or not they have lived together or are married. A court order, such as under the Family Law Act 1975, may take away the authority of a parent to do something, or may give it to another person.

Information about your child

Family Name: _____ Given Names: _____
Date of Birth: ____/____/____ Male Female
Residential Address: _____
Town/Suburb: _____ Post code: _____
Postal Address: _____ Post code: _____
Language(s) spoken in the home: _____
This child lives with parents in informal kinship care with _____ in permanent care
 in foster care in formal kinship care with _____ residential care
 other _____

Is your child? (please tick the box that applies to your child)

Aboriginal Aboriginal and Torres Strait Islander Torres Strait Islander
 Non-Indigenous Australian Other culture _____

Information about the child's parents A parent includes a guardian of the child and a person with parental responsibility for the child under a decision or court order. Parental responsibility is a term defined under section 61C of the Family Law Act 1975, which means "all the duties, power, responsibilities and authority which, by law, parents have in relation to children".

Parent Guardian

Parent Guardian

Name: _____

Name: _____

Residential Address - as above or: _____

Residential Address - as above or: _____

Telephone numbers

Telephone numbers

(H) _____ (W) _____

(H) _____ (W) _____

(Mobile) _____

(Mobile) _____

Email: _____

Email: _____

Do you require an Interpreter..... No Yes

Do you require an Interpreter..... No Yes

If Yes, what language do you speak? _____

If Yes, what language do you speak? _____

Does the child live with this parent/guardian?

Does the child live with this parent/guardian?

No Yes Sometimes (please tick)

No Yes Sometimes (please tick)

Court orders relating to the child

Are there any court orders, parenting orders [s64B (1) of the Family Law Act 1975 (Commonwealth)] or parenting plans [s63C (1) and (6) of the Family Law Act 1975 (Commonwealth)] relating to the powers, duties, responsibilities or authorities of any person in relation to your child or access to your child? No (go to the next section.) Yes

Are there any court orders relating to the child's residence or the child's contact with a parent or other person. No (go to the next section.) Yes

Please attach a copy of your court orders, parenting orders and/or parenting plans, highlighting the sections relevant to your child and their attendance at the children's service

Please note: if there are no court orders in place, both parents have equal rights.

If these orders:

a) Change the powers of a parent/guardian to:

- authorise the taking of the child outside the service by a staff member of the service;
- consent to the medical treatment of the child;
- request or permit the administration of medication to the child;
- collect the child from the service AND/OR

b) Give these powers to someone else.

Please describe these changes and provide the contact details of any person given these powers:

Support Services

My child **has** a Caseworker at one or more of the following services (please tick if applicable)

- Department of Human Services Anglicare Vic Family Care (Child Protection)
- Child FIRST Anglicare Vic Family Care (Family Services)
- Off To an Early Start (OTAES/Enhanced Maternal Child Health) Mallee Family Care (Child Protection)
- Bendigo and District Aboriginal Services (BDAC)
- Mildura and District Aboriginal Services (MDAS)
- Other service _____

Our Caseworker is _____ Ph: _____

My child **had** a caseworker at DHS/Child First/St Lukes/Mallee (Child Protection). The case was closed on _____

Child's health and wellbeing information

Additional needs

Does your child have any additional specific needs?..... No Yes (please tick)

e.g. Autism, Asperger's, ADHD, Developmental Delays, Physical impairment (ie hearing, sight, mobility)

If yes, does your child have a diagnosis No Yes (please tick)

My child has been diagnosed with _____

Please provide details of any special needs and attach your child's medical management plan or procedure to be followed with respect to the special need.

If any non-diagnosed specific need(s), please describe _____

My child is on the waiting list for NDIS/Early Intervention No Yes (please tick)

My child is attending Early Intervention..... No Yes (please tick)

If yes, our Caseworker is _____ at _____ Ph: _____

My child is on the waiting list for Speech Therapy No Yes (please tick)

My child is attending Speech Therapy..... No Yes (please tick)

If yes, our Caseworker is _____ at _____ Ph: _____

I give permission for LMPA - Central Enrolments staff and Service staff to contact the above identified nominated service(s) to assist in the placement and transition program for my child

Signed _____ Dated _____

Allergies

Does your child have any allergies, sensitivities or intolerances? Unsure No Yes (please tick)

Please provide details _____

If yes you must provide an allergy management plan and procedure to the service once your child has a confirmed placement and prior to attendance

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis? No Yes

Please provide details _____

Does your child have an auto injection device (eg EpiPen®)? No Yes

Does your child have any specific dietary needs /restrictions, aside from allergies /medical conditions? No Yes (please tick)

If yes, the following restrictions apply: _____

Information regarding Family Cultural/ Religious Background

Please tell us about the cultural background of you and your child, including any special considerations. E.g. cultural/ religious, dietary or specific additional requirements. Please include celebrations your family does or does not recognise, special days etc.

Does your child speak any Language(s) other than English No Yes (please tick)

If yes, please list _____

Does either parent speak any Language(s) other than English No Yes (please tick)

If yes, please list _____

Immunisation record “No Jab, No Play”

The new No Jab, No Play legislation came into effect as at 1 Jan 2016.

Any child who does not have up-to-date ACIR Immunisation History Statement will not be placed in Kindergarten unless the child qualifies for the 16 week Grace Period.

Has your child been immunised? No Yes (please tick)

If yes, please attach a copy of your child’s ACIR Immunisation History Statement:

You can obtain an ACIR Immunisation History Statement the following way:

- through Medicare online accounts or the Express plus Medicare mobile app
- at a local Medicare service centre
- by calling the Immunisation Register on 1800 653 809
- by emailing the Immunisation Register at acir@medicareaustralia.gov.au

If no, please select one of the following

- my child has a Medicare Immunisation Exemption Medical Contra-indication
- my child qualifies for the 16 week Grace Period

Families who meet any of the following criteria are eligible for the grace period;

- Children known to Child Protection/ChildFIRST
- Children identified as Aboriginal and/or Torres Strait Islander
- Children in the care of an adult who is not their parent
- Children in Emergency Care
- Children who have been evacuated following an emergency
- Other; Children experiencing vulnerability or disadvantage

Declaration of information and consent to emergency medical treatment

I, _____ (Print full name)

A person with authority of my child referred to in this enrolment record,

- **Do** declare that the information in this enrolment form is true and correct and undertake to immediately inform the service in the event of any change to this information;
- **Understand** that I must provide up-to-date Immunisation History Statements to the service;
- **Do** agree to collect or make arrangements for the collection of my child referred to in this enrolment form if she/he becomes unwell at the service;
- **Do** consent to the Responsible Person In Charge on the day to administer first aid at the service and/or to seek medical treatment for my child from a medical practitioner, hospital and/or ambulance transportation.
- **Understand** that the cost of ambulance transportation and associated costs are my responsibility.

Signature: _____ **Date:** _____

PERMISSION SLIP (Please tick Yes or No to each of the following questions)

- *I **give** permission for educators to support my child to apply sunscreen in accordance with policy. Yes No
- *I **give** permission for educators to support my child to apply insect repellent. Yes No
- *I **give** permission for my phone number to be on display at the centre, for communication purposes. Yes No
- *I **give** permission for my email address to be used for communication. Yes No
- *I **give** permission for my child to be photographed or videotaped at the centre. Yes No
- *I **give** permission for my child’s photo to be displayed at the centre. Yes No
- *I **give** permission for my child’s photo & first name to be included in other children’s portfolios Yes No
- *I **give** permission for educators to contact my child’s Maternal Child Health Nurse Yes No
- *My child is indigenous and entitled to get support from the Koori Preschool Assistant,
I **give** permission for our details to be passed on to the KPSA N/A Yes No
- *I **give** permission for a text to be sent to the below priority mobile contact in case of emergency/drill. Yes No
- *I **give** permission for a text to be sent to the below priority mobile contact number regarding up and coming events at the centre. Yes No

Mobile: _____ (please notify the service immediately if this number changes)

Signature _____ **Date** _____