

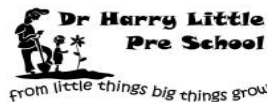
LODDON MALLEE PRESCHOOL ASSOCIATION

Kindergarten Central Enrolments

Pre-Kinder Enrolment Application



Bendigo Pre-School Inc.



Golden Square Kindergarten



Y KINDERGARTEN CLUSTER MANAGEMENT

Enrolment application quick guide

Please read the Kindergarten Enrolment Application Information Booklet for more information, available on the LMPA website www.lmpa.org.au

This information is collected for enrolment application purposes, additional information will need to be collected from you by the Kindergarten at a later date.

1. To be able to attend Pre-Kinder your child must be 3 years old.
2. For help filling out this form, contact LMPA – Kindergarten Central Enrolments on 5443 1229 between 9:00am to 5:00pm weekdays.
3. You must complete a new Enrolment Application each year.
4. Applications for the first round of placement offers should be lodged by **JUNE 15, 2019**.
5. Incomplete applications will not be processed. Please ensure all documents are provided with your application e.g. Application fee and Australian Childhood Immunisation Register (ACIR)
6. Families have 10 days to respond and return their letters of offer.
7. Please inform the LMPA – Kindergarten Central Enrolments if you will not be able to receive the letters of offer or your details have changed.
8. If you are sending your form by mail it is recommended that you use Registered or Express Post.
9. It is your responsibility to ensure that this application is received by LMPA - Kindergarten Central Enrolments.

Please return the enrolment application and other documentation

By Registered or Express Post:

LMPA - Kindergarten 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 (\$30.00) 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

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.

2020 Pre-Kinder Application

Pre-Kinder Preferences - Choose up to 5 (number in order of preference)

BENDIGO Pre-Kindergarten

- Assisi Kindergarten.** Ph.: 5439 3833
46 Blucher Street Strathfieldsaye
- Bendigo Preschool.** Ph.: 5443 6493
90 Myrtle Street Bendigo
- Doctor Harry Little Preschool**
243 View Street Bendigo Ph.: 5443 8454
- Eaglehawk Preschool.** Ph.: 5446 8691
15 Bright Street Eaglehawk
- Havilah Road Preschool.** Ph.: 5443 4687
Havilah Road Long Gully
- North Bendigo Preschool.** Ph.: 5443 2335
Bannister Street North Bendigo
- Shine Bright Axedale Kindergarten.** Ph.: 5439 7459
High Street Axedale
- Shine Bright Elmore Kindergarten.** Ph.: 5432 6341
65 Hervey Street Elmore
- Shine Bright Epsom Kindergarten.** Ph.: 5448 4037
46 Myrtle road Epsom
- Shine Bright Heathcote Kindergarten.** Ph.: 5433 2068
Cnr Herriott & Camp Streets Heathcote
- Shine Bright Helm Street Kindergarten.** Ph.: 5447 0185
13 Helm Street Kangaroo Flat
- Shine Bright Huntly Kindergarten.** Ph.: 5448 8687
21 Stephenson Street Huntly
- Shine Bright Kennington Kindergarten.** Ph.: 5443 7282
17 Crook Street Kennington
- Shine Bright Marong Kindergarten.** Ph.: 5435 2394
10 Leslie Street Marong
- Shine Bright Neale Street Nth Kindergarten.** Ph.: 5443 7070
7 Neale Street Bendigo
- Shine Bright Neangar Kindergarten.** Ph.: 5446 9767
25 Watson Avenue California Gully
- Shine Bright South Bendigo Kindergarten.** Ph.: 5443 3861
23 Somerville Street Bendigo
- Shine Bright Spring Gully Kindergarten.** Ph.: 5443 5980
113 Spring Gully Road Spring Gully
- Shine Bright Strathfieldsaye Kindergarten.** Ph.: 5439 5577
40-44 Club Court Strathfieldsaye
- Shine Bright White Hills Kindergarten.** Ph.: 5448 4571
62 Raglan Street White Hills

SWAN HILL Pre-Kindergarten Programs

- Shine Bright Kunawaa Kindergarten.** Ph.: 5032 3600
123-163 Gray Street Swan Hill
- Shine Bright Nyah West Kindergarten.** Ph.: 5030 2204
Lloyd Street Nyah West
- Shine Bright Woorinen South Kindergarten.**
Ph.: 5037 6741
11 McCalman Street Woorinen South

Pre-Kinder Enrolment Application

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 Other

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 of Aboriginal and/or Torres Strait Island origin?

Aboriginal Aboriginal and Torres Strait Islander Torres Strait Islander Not Applicable

Is your child known to Department of Health and Human Services/Child FIRST/Child Protection? Yes No

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 <input type="checkbox"/> Guardian <input type="checkbox"/> Name: _____ Residential Address - as above or: _____ _____ Telephone numbers (H): _____ (W): _____ (Mobile): _____ Email: _____ Do you require an Interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what language do you speak? _____ Does the child live with this parent/guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes	Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Name: _____ Residential Address - as above or: _____ _____ Telephone numbers (H): _____ (W): _____ (Mobile): _____ Email: _____ Do you require an Interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what language do you speak? _____ Does the child live with this parent/guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Sometimes
--	--

OFFICE USE:

Date Received _____ Application No _____

Payment Type: \$ EFT O/Line Date Paid/Ref: _____

DOB verified: Yes Immunisation: Yes Grace Period Catch up plan

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? Yes No

Please note: if there are no court orders in place, both parents have equal rights.
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
- Child FIRST
- Off To an Early Start (OTAES/Enhanced Maternal Child Health)
- Bendigo and District Aboriginal Services (BDAC)
- Mildura and District Aboriginal Services (MDAS)
- Other service is: _____
- Anglicare Vic Family Care (Child Protection)
- Anglicare Vic Family Care (Family Services)
- Mallee Family Care (Child Protection)
- Mallee Family Care (Family Services)
- HAVEN

Our Caseworker is: _____ Ph.: _____

My child had a caseworker at DHS/Child First/Anglicare/Mallee (Child Protection).

The case was closed on: _____

Child's health and wellbeing information

Does your child have any additional specific needs? Yes No
e.g. Autism, Asperger's, ADHD, Developmental Delays, Physical impairment (i.e. hearing, sight, mobility)

If yes, does your child have a diagnosis Yes No

My child has been diagnosed with: _____

Please provide details of any special needs: _____

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

My child is on the waiting list for NDIS/Early Intervention Yes No

My child is attending Early Intervention Yes No

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

I give permission for LMPA - Kindergarten Central Enrolments and kindergarten 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? Yes No

Please provide details _____

Anaphylaxis

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

Please provide details _____

Asthma, Diabetes & Epilepsy

Has your child been diagnosed at risk of asthma, diabetes or epilepsy? Yes No

Please provide details _____

Immunisation record "No Jab, No Play"

Has your child been immunised? Yes No

If yes please provide a copy of their ACIR Immunisation History Statement

If no, please select one of the following

- my child qualifies for the 16 week Grace Period
- my child is on an immunisation catch up plan, please attach a copy

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

I, _____ (parent/guardian) declare that the above information is true and correct

Signature _____ Date: _____