



# LODDON MALLEE PRESCHOOL ASSOCIATION

Kindergarten Central Enrolments

# 2021 Pre-Kindergarten Enrolment Application



Bendigo Pre-School Inc.



An exciting start to your child's education!



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](http://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 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, 2020**.
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 LMPA – Kindergarten Central Enrolments if you will not be able to receive the letter 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,  
53 Wills Street, Bendigo Vic 3550

*By email*

Scanned applications can be emailed to [enrolments@lmpa.org.au](mailto:enrolments@lmpa.org.au)

*In person*

53 Wills Street Bendigo 9:00am to 5:00pm weekdays.

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 by 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 to make an appointment.

# 2021 Pre-Kinder Application

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

## **BENDIGO Pre-Kindergarten Programs**

**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. 4311 1501  
22-24 Havilah Road Long Gully

**North Bendigo Preschool** Ph. 5443 2335  
55 Bannister Street North Bendigo

**Shine Bright Axedale Kindergarten** Ph. 5439 7549  
High Street Axedale

**Shine Bright Elmore Kindergarten** Ph. 5432 6341  
65 Hervey Street Elmore

9:00am – 2:00pm (days to be confirmed)

**Shine Bright Epsom Kindergarten** Ph. 5448 4037  
46 Myrtle Road Epsom

F 9:00am – 12:00pm

F 9:00am – 2:00pm

**Shine Bright Heathcote Kindergarten** Ph. 5433 2068  
Cnr Herriott & Camp Streets Heathcote

M 9:00am – 2:00pm

**Shine Bright Helm Street Kindergarten** Ph. 5447 0185  
13 Helm Street Kangaroo Flat

**Shine Bright Huntly Kindergarten** Ph. 5448 8687  
21 Stephenson Street Huntly

W 9:00am – 12:00pm

Th 9:00am - 2:00pm

**Shine Bright Kennington Kindergarten** Ph. 5443 7282  
17 Crook Street Kennington

F 9:15am – 12:15pm

F 9:15am – 2:15pm

**Shine Bright Marong Kindergarten** Ph. 5435 2394  
10 Leslie Street Marong

M 8:45am - 1:45pm

M 8:45am – 11:45am

**Shine Bright Neale Street Kindergarten** Ph. 5443 7070  
7 Neale Street Bendigo

M 9:00am – 12:00pm

M 9:00am – 2:00pm

**Shine Bright South Bendigo Kindergarten** Ph. 5443 3861  
23 Somerville Street Bendigo

W 8:30am – 11:30am

W 8:30am – 1:30pm

**Shine Bright Spring Gully Kindergarten** Ph. 5443 5980  
113 Spring Gully Road Spring Gully

F 1:00pm – 4:00pm

**Shine Bright Strathfieldsaye Kindergarten** Ph. 5439 5577  
40-44 Club Court Strathfieldsaye

W 9:00pm – 12:00pm

W 9:00am - 2:00pm

**Shine Bright White Hills Kindergarten** Ph. 5448 4571  
62 Raglan Street White Hills

Tu 2:00pm – 4:30pm

## **SWAN HILL Pre-Kindergarten Programs**

**Shine Bright Kunawaa Kindergarten** Ph. 5032 3600  
123-163 Gray Street Swan Hill

F 8:45am – 11:45am

F 8:45am – 1:45pm

**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

F 9:00am – 12:00pm

F 9:00am – 2:00pm

# 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 Single parent family: <input type="checkbox"/> Yes <input type="checkbox"/> No	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
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## 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  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)  Mallee Family Care (Family Services)
- Mildura and District Aboriginal Services (MDAS)  HAVEN
- Other service is: \_\_\_\_\_

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: \_\_\_\_\_