



ATTACHMENT 3

## Enrolment Application Form: 4-year-old Program – 2023

**\*Children enrolling in 4-year-old kinder must be four years old by the 30<sup>th</sup> April of the year they are attending\***

This form, along with the deposit, should be forwarded to the: Enrolment Officer, Gray Court Pre-School, 6 Gray Court, Mooroolbark, Vic 3138

### CHILD INFORMATION

Family Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Given Names: \_\_\_\_\_ Gender:  Male  Female  Other: \_\_\_\_\_  
 Preferred Name: \_\_\_\_\_  
 No. & Street: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Does the child have any specific healthcare needs including any medical conditions that are relevant to the care & education of the child? (e.g. asthma, epilepsy, diabetes, intellectual, etc).  Yes  No

If yes, please provide details or contact the pre-school to discuss with one of our teachers: \_\_\_\_\_

Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick)  No, not Aboriginal or Torres Strait Islander  Yes, Aboriginal  
 Yes, Aboriginal and Torres Strait Islander  Yes, Torres Strait Islander

Has your family had contact with Child Protection (or been referred to Child FIRST)?  Yes  No

### PARENT/GUARDIAN INFORMATION

|   |  |   |  |
|---|--|---|--|
| PARENT/GUARDIAN 1 (PRIMARY CARER)   |  | PARENT/GUARDIAN 2 (LEAVE BLANK IF NOT APPLICABLE)   |  |
| Name: _____   |  | Name: _____   |  |
| Relationship to Child: _____  |  | Relationship to Child: _____  |  |
| Address – as per child or: _____  |  | Address – as per child or: _____  |  |
| Phone (H): _____ (W): _____   |  | Phone (H): _____ (W): _____   |  |
| Mobile: _____   |  | Mobile: _____   |  |
| Email: _____  |  | Email: _____  |  |
| Do you agree to receive notices via email? <input type="checkbox"/> Yes <input type="checkbox"/> No |  | Do you agree to receive notices via email? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

### ACKNOWLEDGEMENT

- I hereby apply for a position for my child, named above, in Gray Court Pre-School's 4-year-old program in 2023.
- I have paid the \$50 Enrolment Fee payable to Gray Court Pre-School via:  Cash  Cheque  Direct Deposit (details below)  
**ACCOUNT NAME:** Gray Court Pre-School | **BSB:** 063-231 | **ACCOUNT NO.:** 10064554 | **REFERENCE:** Child's SURNAME
- I acknowledge that the Enrolment Fee is to secure my child's place in the program and to cover the administration cost of processing my child's Enrolment Application Form. I understand the fee is retained and deducted from term fees.
- I acknowledge that Gray Court Pre-School will advise me in writing (via mail or email) if my child's application is accepted or placed on a waiting list as per the DET's Priority of Access Criteria and Gray Court Pre-School's own list of considerations.
- I understand that under Victorian Law's "No Jab, No Play" policy, even if my child's application is accepted or placed on a waiting list at Gray Court Pre-School that this is *not* a confirmed enrolment. Confirmation of enrolment can only be given by the service no more than two months prior to the child first attending and only once the parent/carer has provided the service with a current Immunisation History Statement or evidence of eligibility to enrol under the 16 week grace period.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### OFFICE USE ONLY

|   |   |
|---|---|
| <input type="checkbox"/> Application Form Received ____/____/____ | <input type="checkbox"/> Immunisation History Statement Received ____/____/____ |
| <input type="checkbox"/> Application Fee Received ____/____/____  | <input type="checkbox"/> Birth Certificate Received ____/____/____              |
| Amount Received: _____  | <input type="checkbox"/> Application Waitlisted ____/____/____                  |
| Receipt Number: _____   | <input type="checkbox"/> Enrolment Accepted ____/____/____                      |
| Enrolment Officer Signature: _____                                | Date: ____/____/____  |