INCORPORATION NUMBER: 0018413E

ABN: 80 694 669 549

44 HOME ROAD **NEWPORT VIC 3015** PHONE: 9391 2958 FAX: 9391 3758

Date:

EMAIL: home.rd.kin@kindergarten.vic.gov.au WEB: www.homeroadkindergarten.vic.edu.au

Enrolment application form

Three Year Old Program

Please note that your child must turn three years of age on or before 30 April in the year that they are to attend. Please refer to our Enrolment & Orientation policy when completing this

аррисацоп.					
Complete this enrolment red safe box in the kinder relevant information via	ergarten foy our contact	er. Please noti details listed a	ify the centre of any c bove.		
This application is for my child to attend in (please circle):				2020	2021
Child's family name:					
Child's given names:					
Date of birth:	/	/	Male	Female]
Aboriginal or Torres Strait Islander?	Yes	No 🗌	Known to Child Protection/At Risk	? Yes 🗌	No 🗌
Parents'/guardians' na	mes:				
Address:					
			Pos	tcode:	
Telephone number: (Home)			(Business	s)	
(Mobile)		(Email)			
Language/s spoken at	home :				
Have any siblings of th	is child atte	nded Home R	oad Kindergarten?	Yes	No 🗌
If yes, sibling's name a	ınd year atte	ended? (If mo	re than one, latest ye	ear will suffice)	
Name:			Year attende	d:	
Does your child have a aspect of your child's c		•		7 7 7 7 1	No 🗌
If yes, please specify:					
If your child has additional child, please feel welcome				we can support y	ou and your
Signature of parent/g	uardian:				_