

EXPRESSION OF INTEREST FORM

3 YEAR OLD KINDERGARTEN | 2022



Thank you for choosing a Uniting Early Learning Program for your child. Please **scan and email your completed form to LentaraEnrolments@vt.uniting.org** or mail to PO Box 3217, Broadmeadows, VIC 3047.

Our Parent Handbook and Early Learning Policies can be found at: <https://earlylearning.vt.uniting.org/resources/>

KINDERGARTEN PROGRAM - please mark preference ✓ or Y, or number in order of preference if interested in more than one program												
Kent Road Uniting Church Kindergarten						Pascoe Vale South Uniting Church Kindergarten						
Roxburgh Park Community House & Children's Centre						St Andrews Sunbury Kindergarten						
PREFERRED DELIVERY MODEL - please mark preference ✓ or Y						<i>*While this information assists us in setting our timetables, it does not guarantee availability of your preferred model</i>						
1 x 5 hour session per week						2 x 2.5 hour sessions per week						
CHILD'S DETAILS												
Given Name:			Family Name:				Preferred Name:					
Date of Birth:			Attach a copy of your child's birth certificate				Male ✓				Female ✓	
Residential Address:						Suburb:			Postcode:			
ADDITIONAL INFORMATION												
Is your child of Aboriginal and/or Torres Strait Islander descent?									<input type="checkbox"/> No		<input type="checkbox"/> Yes	
Do you or your child have refugee or asylum seeker status?									<input type="checkbox"/> No		<input type="checkbox"/> Yes	
Is your child currently in an Out of Home Care arrangement, including kinship care?			<input type="checkbox"/> No		<input type="checkbox"/> Yes		<i>If Yes, please provide details</i>					
Is/ has your child been supported by Child Protection or Child FIRST?			<input type="checkbox"/> No		<input type="checkbox"/> Yes		<i>If Yes, please provide details</i>					
Do you have a Health Care Card, Pensioner Concession Card or Veterans' Affairs Card?			<input type="checkbox"/> No		<input type="checkbox"/> Yes		<i>If Yes, please provide details</i>					
Does your child have a diagnosed need for additional support or a disability?			<input type="checkbox"/> No		<input type="checkbox"/> Yes		<i>If Yes, please provide details</i>					
Are you accessing, or on the waiting list for, any specialist services?			<input type="checkbox"/> No		<input type="checkbox"/> Yes		<i>If Yes, please provide details</i>					
Have any of your other children attended, or do they currently attend, the service?			<input type="checkbox"/> No		<input type="checkbox"/> Yes		<i>If Yes, please provide details</i>					
PARENT / CARE GIVER INFORMATION												
Parent / Care Giver 1:		Full Name:				Relationship to Child:						
		Phone:			Email Address:							
		Address <i>If different:</i>										
Parent / Care Giver 2:		Full Name:				Relationship to Child:						
		Phone:			Email Address:							
		Address <i>If different:</i>										
Important: It is the family's responsibility to inform us of any changes to contact details, including email addresses, to avoid missing out on an offer of place or other correspondence. Please email changes to LentaraEnrolments@vt.uniting.org												
<input type="checkbox"/>		I have completed all details on the application form and confirm that all information is true and correct. I have attached a copy of my child's birth certificate .										
Parent / Guardian Signature:								Date:				

CONFIDENTIALITY AND PRIVACY The Early Childhood Service uses the enrolment form to collect personal information to comply with The Education and Care Services National Regulations and for the purpose of program enrolment (see [privacy policy](#) for collection statement and more details). The information provided will be shared with Uniting for operational purposes only (e.g. fee collection, Bad Debt management, program management, statistical information required by Department of Education and Early Childhood Development). The information will not be disclosed to any other party except as required by law.