

WELWYN KINDERGARTEN

EXPRESSION OF INTEREST FORM

3 YEAR OLD KINDERGARTEN | 2021

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/>

WEEKLY SESSIONS – please tick preference ✓ (or ‘Y’) for the number of sessions you would like your child to attend per week					
1 x 5 hour session per week (government subsidised)		3 x 5 hour sessions per week			
2 x 5 hour sessions per week		More than 3 x 5 hour sessions per week			
CHILD'S DETAILS					
Family Name:	Given 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
Does the 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>		
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>		
Does your child currently attend the service, or has their sibling attended 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:		
	Mobile:	Home:	Work:		
	Email Address:		Address <i>If different::</i>		
Parent / Care Giver 2:	Full Name:		Relationship to Child:		
	Mobile:	Home:	Work:		
	Email Address:		Address <i>If different::</i>		
Our preferred method of correspondence is email. If you require correspondence by post, please tick box <input type="checkbox"/>					
Important: It is the family's responsibility to inform us of any changes to contact details, including email addresses. Failure to do so may result in missing out on an offer of place or other important 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:	