

EXPRESSION OF INTEREST FORM 3-YEAR-OLD KINDERGARTEN 2021



Thank you for choosing a Uniting Early Learning Program for your child. Please **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: earlylearning.unitingvictas.org.au/resources

KINDERGARTEN PROGRAM - please tick preference <input checked="" type="checkbox"/> or number in order of preference if interested in more than one program						
St Andrews Sunbury Kindergarten		Roxburgh Park Community House and Children's Centre				
Ivanhoe Uniting Church Kindergarten		Kent Road Uniting Church Kindergarten				
CHILD'S DETAILS						
Family Name:		Given Name:		Preferred Name:		
Date of Birth:		Attach a copy of your child's birth certificate		Male <input checked="" type="checkbox"/>	Female <input checked="" type="checkbox"/>	
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 do they have a sibling who has attended the service in the last 10 years?		<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"/> By typing your name below, you confirm that you have completed all details on the form, the information you have given is true and correct and you have attached a copy of your 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 Lentara 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.