



Northern Schools Early Years Cluster Kindergarten

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**APPLICATION FOR KINDERGARTEN – 2024**

**York Street Kindergarten at Glenroy West Primary School**

Three year old kindergarten

Four year old kindergarten

**CHILD'S DETAILS:**

Surname: \_\_\_\_\_

Given name: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Country of birth: \_\_\_\_\_

Gender of child: Male / Female / Other (please circle)

Language(s) spoken at home: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Is your child enrolling under the Early Start Kindergarten Program? (Please tick one box)  
ESK is available to children who are at least three years old by 30 April in the year they are enrolled to attend the program and are:

- No
- Yes:
  - From a refugee or asylum seeker background, or
  - Aboriginal and/or Torres Strait Islander, or Known to child protection.

**Is your child Aboriginal and/or Torres Strait Islander? (Please tick one box)**

- Yes, Torres Strait Islander
- Yes, both Aboriginal and Torres Strait Islander
- Yes, Aboriginal
- No, neither / prefer not to specify

**PARENT/GUARDIAN'S DETAILS:**

Full name of parent/guardian 1:	Full name of parent/guardian 2:
Telephone: 1. Home _____ 2. Work _____ 3. Mobile _____	Telephone: 1. Home _____ 2. Work _____ 3. Mobile _____
Email:	Email:

Relationship to child:	Relationship to child:
Current Occupation:	Current Occupation:
Country of birth:	Country of birth:
Language(s) spoken at home:	Language(s) spoken at home:

Child resides with: \_\_\_\_\_  
 (provide details if different to parent/guardian details above)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Is the child receiving support for developmental needs and/or do they require assistance in order to attend kindergarten? Yes /No (circle)  
 If yes, please provide details:

\_\_\_\_\_

Does the child have any allergies, chronic medical conditions or diagnosis? Yes /No (circle)  
 If yes, please provide details:

\_\_\_\_\_

I give permission to share information with the central enrolments of the local council for enrolment purposes.  
 Yes / No (circle)

Please select preference: (tick)

Please note we will do our best to allocate your child to your preferred group, however this is not always possible.  
 The group days may be subject to change.

Days	Hours	Days – add your prefer days	Tick and any comments
3 days (3x 5hours)	8.30am to 1.30pm		
2 days 2 x 7.5 hours	8.30am to 4pm		

Office Use Only

Date received: \_\_\_\_\_

- Birth Certificate
- Current Immunisation Record
- Concession Card

Siblings Enrolled at Primary School  
 Yes / No

Surname: \_\_\_\_\_