

## **Northern Schools Early Years Cluster Kindergarten**

Office: 208A Hilton Street Glenroy 3046

Email: office@nseyc.org.au Telephone: 9306 1662

## APPLICATION FOR FOUR YEAR OLD KINDERGARTEN York Street Kindergarten 2023

CHILD'S DETAILS:	
Surname:	Office Use Only
Given name:	
Preferred name:	☐ Early Start
Date of birth: Country of birth:	(Non-refundable)  Birth Certificate  Immunisation
Language(s) spoken at home:	Record (UTD)  □ Fee Payment
Do you have a sibling attending this school?	Siblings Enrolled at Primary
Address:	Yes / No Surname:
<ul> <li>Yes, Torres Strait Islander</li> <li>Yes, both Aboriginal and Torres Strait Islander</li> <li>Yes, Aboriginal</li> <li>No, neither / prefer not to specify</li> </ul>	
PARENT/GUARDIAN'S DETAILS:	
Full name of parent/guardian 1:	Full name of parent/guardian 2:
Telephone:	Telephone:
1. Home	1. Home
2. Work  3. Mobile	2. Work  3. Mobile
Email:	Email:
Relationship to child:	Relationship to child:
Occupation:	Occupation:
Country of birth:	Country of birth:
Language(s) spoken at home:	Language(s) spoken at home:

Namo:	Phone:
Does the child have a m f yes, please provide de	nedical condition (allergy, asthma, anaphylaxis etc)? Yes /No (circle) etails:
give permission for NS ourposes. Yes / No (circ	EYC to share information with the central enrolments of the local council for enrolment (le)
Please note:	
	mence in the three-year-old program until they turn three years old. Children are required t April in the year they attend 4 year old kindergarten.
	on for enrolment to be accepted, you will need to pay a \$25.00 enrolment fee. ing the money in the NSEYC bank account –
Bank: Commonwealth Please ensure you use you	Name: Northern Schools Early Years Cluster BSB: 063 229 Account Number: 1040 4794 r child's full name as a reference
ou do not have to pay thi	is fee if you are eligible for the kindergarten fee subsidy and hold a health care card.
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