



**YORK STREET Kindergarten**  
**Glenroy West Primary School, 60 Williams St, Glenroy VIC**  
**Telephone: 9304 3308**

**APPLICATION FORM FOR THREE YEAR OLD KINDERGARTEN - 2020**

**CHILD'S DETAILS:**

Surname: \_\_\_\_\_  
 Given name: \_\_\_\_\_  
 Preferred name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Country of birth: \_\_\_\_\_  
 Date arrived in Australia (if applicable): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Gender of child: Male / Female / Other (please circle)

Office Use Only

Date Enrolled: \_\_\_\_\_  
 Early Start  
 \$25.00  
 Enrolment /Admin Fee (Non-refundable)  
 Birth Certificate  
 Immunisation Record (UTD)  
 Fee Payment  
 Rec: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Siblings Enrolled at Primary School  
 Yes / No  
 Surname: \_\_\_\_\_

**PARENT/GUARDIAN'S DETAILS:**

|   |   |
|---|---|
| Full name of parent/guardian 1:                                 | Full name of parent/guardian 2:                                 |
| Telephone:<br>1. Home _____<br>2. Work _____<br>3. Mobile _____ | Telephone:<br>1. Home _____<br>2. Work _____<br>3. Mobile _____ |
| Email:  | Email:  |
| Relationship to child:  | Relationship to child:  |
| Occupation:   | Occupation:   |
| Country of birth:   | Country of birth:   |

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

Name: \_\_\_\_\_ phone: \_\_\_\_\_

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

Does the child have a medical condition (allergy, asthma, anaphylaxis etc)? Yes / no (circle)

If yes, please provide details:

\_\_\_\_\_

\_\_\_\_\_

**Please note:**

**Your child cannot commence in the three year old program until they turn three years old.**

**If your child is not yet three years old and you would like to guarantee a place at the kindergarten, you will need to pay fees from the start of the kindergarten year.**

In order for your enrolment to be accepted, you will need to pay a \$25.00 enrolment fee. You can do this by depositing the money in the NSEYC bank account. Once deposited, we will forward you a receipt. The banking details are:

Bank: CBA Dallas Name: Northern Schools Early Years Cluster Inc. BSB: 063 229 Account number: 1040 4794

Please ensure that you write your child's name/year as a reference.