



# Ave Maria Kindergarten Registration Form 2021

One application form per child.

This registration is for (select one):

- Three Year old program
- Four year-old preschool

## CHILD'S DETAILS

Child's Given Name: \_\_\_\_\_

Child's Family Name: \_\_\_\_\_

Child Date of Birth: \_\_\_\_\_

Gender of child:  Male  Female

Child's Country of Birth: \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

Cultural Background: \_\_\_\_\_

Is this child a  Twin  Triplet  Quadruplet  N/A

- Please attach a copy of the child's birth certificate or passport.
- Please attach the child's Immunisation History Statement from Medicare.
- Please refer to the Immunisation Toolkit in the Enrolment Policy.

Is this child of Aboriginal and/or Torres Strait Islander descent?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, both

## KINDERGARTEN HISTORY

Is this child currently attending an Ave Maria Kindergarten program?

- No (go to part A)
- Yes ⇒ Please indicate which class they are currently in: \_\_\_\_\_

A.) Is the child currently attending a different Kindergarten service?  No  Yes

If yes please indicate where: \_\_\_\_\_

Is this child a sibling of a past child at our Kindergarten between 2018-2020?

- No
- Yes: What is the name of the sibling/s and what year/s did they attend Ave Maria Kindergarten?

⇒ (please attach Medicare Card for proof of sibling)

Does your child have any siblings that will be attending Ave Maria Kindergarten in 2021?

- No
- Yes (Please indicate) Younger, older, Twin, Triplets, Other \_\_\_\_\_

Has your Child previously attending a funded kindergarten program?

- No
- Yes ⇒ Please indicate at which kindergarten : \_\_\_\_\_

## AREA RESIDENCY

Are you a resident/taxpayer of the City of Moonee Valley?

- No
- Yes ⇒ Please attach a copy of rates notice, utilities bill or rent agreement in the name of the parent/guardian within the last 3 months

Do you or the child hold fee subsidy card/s or immigration visa card/s?

- No
- Yes ⇒ Please note if you are registering to enrol for the 4 YEAR OLD program, and you or your child hold a fee subsidy card you are exempt from paying the \$30 administration fee.  
Which fee subsidy card or immigration visa card do you or the child hold?

- Commonwealth Health Care Card
- Commonwealth Pensioner Concession Card
- Department of Veteran Affairs Gold Card
- Temporary Protection/Humanitarian visas 447, 45, 785 or 786
- Asylum Seeking Bridging visa A-F
- Refugee and Special Humanitarian Visa 200-217
- Resolution of Status (RoS visa, Class CD, subclass 851)
- Emergency Rescue visa (subclass 203) Bridging visas A-E
- Protection visa (subclass 866)
- Women at risk visa (subclass 204)

⇒ Please attach a copy of the front and the back of the card/visa.

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## CHILDS INFORMATION (continued)

Has your child been given a diagnosis or are they currently awaiting a diagnosis for a developmental delay, disability (including intellectual, sensory or physical limitation) or medical need condition/need?

- No
  - Yes (please provide more information and attach relevant documentation)
- 

Does this child need assistance to help them attend kindergarten?

- No
  - Yes (please provide more information and attach relevant documentation)
- 

Has your child or family ever been referred to a support agency? E.g. Early intervention, Family services, Noah's Ark, Scope, RCH, Department of Health and Human Services (DHHS) CoHealth?

- No
  - Yes (please provide more information and attach relevant documentation)
- 

For planning purposes does your child have any Asthma, Allergy, Anaphylaxis or Medical conditions?

- No
- Yes (please indicate which) \_\_\_\_\_

Are you or your child known to Child Protection or Child FIRST?

No

Yes ⇨ Please note as you or the child is known to Child Protection or Child FIRST you are exempt from paying the \$30 administration fee and may be able to receive further subsidy assistances – please see Kindergarten Director.

**CONSENT**

To provide your child with the best possible start to kinder, staff may speak to support service your child has accessed including but not limited to Pre-School Field officer, previous early childhood educators, Scope, RCH, CoHealth, DHHS etc.

Do you consent to information about your child being sort by Ave Maria Kindergarten staff for the purpose or supporting your child’s education, Health and Wellbeing?

Yes

No

**PARENT/GUARDIAN DETAILS – 1**

Title Mr, Mrs, Ms, Miss, Dr Other: \_\_\_\_\_

Given Name: \_\_\_\_\_ Surname/Family Name: \_\_\_\_\_

Address:

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

\_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_

Postal / Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Interpreter required?  Yes  No

**PARENT/GUARDIAN DETAILS – 2**

Title Mr, Mrs, Ms, Miss, Dr Other: \_\_\_\_\_

Given Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Address:

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

\_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_

Postal / Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Interpreter required?  Yes  No

Please nominate which email address would you prefer to receive Kinder emails?

## PAYMENT

Please indicate how you will be paying the \$30 administration fee, and please include it with this form.

Cash

Cheque

EFT (please attached your child's name to the description field)

ACCOUNT NAME: AVE MARIA KINDERGARTEN

BSB: 063-129

ACCOUNT NO: 10002163

**Privacy Policy:** Ave Maria Kindergarten collects information for the purpose of registering your child at the kindergarten. The information gathered through the registration process will be used for administration purposes for the enrolment process. Once a place had been offered and accepted this information will be stored securely on the kindergarten premises.

## AUTHORISATION

I/we declare that the information contained in this registration are true and correct and will inform Ave Maria Kindergarten of any changes to the information provided. I understand the Ave Maria Kindergarten has a zero tolerance policy on aggression and violence against its staff. Any aggressive or violent behaviour by a parent may affect the pending, current and future enrolment of their child(ren).

Parent/Guardian 1

Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Parent/Guardian 2

Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

## CHECKLIST

- Immunisation history statement from Medicare
- Birth certificate or passport of the child
- Rates notice, Utility notice or rent agreement (within the last 3 months)
- Proof of sibling attending between 2018-2020
- Supporting evidence for diagnosed or medical needs
- Proof of payment