

Thomastown West Kindergarten - 3 year old & Preschool Plus Kindergarten program 2020

REGISTRATION FORM

Applicable date ranges for registration as per below

From: 1/5/2016 To: 31/12/2016 = * Age 1

From: 31/12/2016 To: 30/04/2017 = **Age 2

Enrolments are confirmed in the 3rd term of the year prior to your child attending.

Criteria that are taken into account for 3 year old enrolments in priority ranking order are:-

- Priority 1** *Age, Fully immunisation status , Immediate or Extended Family residing within the Lalor/Thomastown area and place on current wait-list.
- Priority 2** ***Age, Fully immunisation status. Immediate or Extended Family residing within the Lalor/Thomastown area, Family Assessment – i.e.; siblings attending either 3 year old or 4 year old kindergarten programs at this centre this year or next year,
- Priority 3** ***Age, Fully immunisation status. Intention of sending child to 4 year old kindergarten at Thomastown West Kindergarten.
- Priority 4** ***Age, Fully immunisation status, Open.

Days of Operation

To be confirmed

Fees

\$50.00 enrolment admin. Levy
\$290.00 term fee (2019 fees- subject to review)
There are four terms per year. Fees are payable as outline in the centre's fees policy.

Please note that timetables and fees are subject to review prior to the commencement of 1st Term.

- * Age 1** *Child must turn three before 31st December the year prior to attending in order to be accepted into the program*
- ** Age 2** *Child must turn three before 30th April the year of attendance in order to be accepted into the program and cannot commence until after they are 3 years old.*

Numbers in Group 21-22 children in the group with 1 qualified teacher and a Co-educator.

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REGISTRATION FORM - RETURN SLIP

PLEASE FILL IN ALL SECTIONS AND RETURN ALONG WITH A COPY OF YOUR CHILD'S BIRTH CERTIFICATE AND IMMUNISATION CERTIFICATE

Date of registration will occur when all requirements are received.

Date:

Child's Given Name:..... Child's Surname:

Child's Date of Birth: Gender: M F

Residential Address:

Suburb: Postcode:

Primary Phone: Email:

Fathers Name: Mothers Name:

Fathers Surname:..... Mothers Surname:

Father Phone: Mother Phone:

Is the child of Aboriginal and/or Torres Strait Islands origin? (please tick)

- No, not Aboriginal or Torres Strait Islander .
- Yes, Aboriginal Yes, Torres Strait Islander Yes, Aboriginal and Torres Strait Islander

***Special needs /considerations:

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.....

In making this application, I agree to notify the kindergarten of any change of address or other relevant circumstances.

Signed:

Office Use- for staff to complete

Date Received: _____ Date of Birth checked: _____

Birth Certificate Attached: _____ Immunisation certificate Attached: _____

Processed By: _____