YRKI

YARRA RANGES KINDERGARTENS INC.

Office use only	
Date Received:	
Payment Processed:	
Email/Letter Sent:	
Vaccination Check:	
HCC/PCC sighting:	

PO Box 416 Mooroolbark 3138
Phone: 03 9726-0439 Email: enrol@yrkinders.com

Preschool Application Form

Please complete this preschool application to register your child on our central enrolment database. Applications can be posted or scanned and emailed to enrol@yrkinders.com. One application per child. The **Preschool Application Fee** covers the cost of processing your application and is non-refundable. Our preferred payment methods are by direct deposit to Yarra Ranges Kindergartens Inc. **Bendigo Bank BSB 633 000 Acc. 146 421 953**, with 'PAF' + Parent/Guardian name as reference (eg: PAF Smith) or by credit card (see page 2). We will notify you when we have recorded your enrolment on the waiting list.

Incomplete information may result in delayed processing.
Please number preschools in order of preference and note the year/s required. We will always offer first choice places if possible. Where vacancies do not exist, a place at the next closest centre may be offered.

				Year of attendance	
	Belgrave Preschool		Millgrove Preschool		
	Chirnside Park Preschool		Montrose Preschool	3/4 year old preschool	
	Colchester Park Preschool		Mount Dandenong Preschool		
	Coldstream Preschool		Sarah Court Preschool		
	Fernhill Preschool		Sassafras Preschool		
	Hansen Park Preschool		Upwey Preschool	4/5 year old preschool	
	Joy Avenue Preschool		Upwey South Preschool		
	Lancaster Preschool		Warburton Preschool		
	Launching Place Preschool		Woori Yallock Preschool		

CHILD'S DETAILS:

First Name: ..... Family Surname: .....

Date of Birth: _____/_____/_____ Gender: Male ☐ Female ☐ Other ☐

PARENT/GUARDIAN DETAILS:

Parent Guardian 1: First Name: ..... Family Surname: .....

Relationship to child:..... Language spoken at home:.....

Residential Address:.....

Postal Address: (if different from above).....

Email Address:.....

Telephone:..... Mobile:.....

Parent Guardian 2: First Name: ..... Family Surname: .....

Residential Address:.....

Postal Address: (if different from above).....

Email Address:.....

Telephone:..... Mobile:.....

Office use only:

New Enrolment	Accepted then declined	Transferred preschools	Withdrew	Deferred	Moved House	Did not Commence	Concession Card applies	Privately Funding	Other
/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /

IMMUNISATION:

As per "No Jab No Play" regulations, children must be fully immunised or hold an authorised medical exemption before enrolment can be confirmed. **Maternal and Child Health books are no longer acceptable proof of immunisation status.**

This child is up to date with his/her childhood vaccinations: Yes ☐ No ☐

PLEASE ATTACH THE IMMUNISATION HISTORY STATEMENT FROM THE AUSTRALIAN IMMUNISATION REGISTER.

ADDITIONAL DETAILS:

Is this child of Aboriginal/Torres Strait Islander descent?	Yes	☐	No	☐
Is this child known to Child First, Child Protection or Integrated Family Services?	Yes	☐	No	☐
Including in Out-of-Home or Kinship Care?	Yes	☐	No	☐
Has this child previously received Early Start Kindergarten ESK or Access to Early Learning AEL funding?	Yes	☐	No	☐
Has this child been diagnosed as at risk of anaphylaxis?	Yes	☐	No	☐
Does this child have a developmental delay, medical condition or disability?	Yes	☐	No	☐

Please give details……..

CONCESSION CARD HOLDERS:

Does the child individually or parent/guardian hold a valid concession card. Yes ☐ Expiry: ……../……

This includes Health Care Card, Pension Card, and Veteran Affairs Card, Asylum Seeker or Refugee Visa.

Please attach a copy of your concession card, this will ensure the fee subsidy & "priority of access guidelines" is applied to your enrolment.

Please note: 3/4 year old program receive no government funding so the fee subsidy is not available for concession card holders.

PAYMENT DETAILS:

I have paid the $25 Preschool Application Fee (PAF) as follows:

- ☐ EFT Deposit or over the counter
  - BSB:633-000
  - Account Number:1464 21953
  - Account Name: Yarra Ranges Kindergartens Inc
  - Reference: Parent Surname

- ☐ Cheque/Money order
- ☐ Credit Card

For credit card payment please complete the following. **Card type:** VISA MASTERCARD *(please circle)*

Name on card:…… **Expiry:** ……../……

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **CVV:** ☐☐☐

DECLARATION:

As the parent/guardian I am authorised to enrol this child and do so in accordance with the official policies of Yarra Ranges Kindergartens Inc.

This information provided is true and correct. I understand that no guarantee is given when applying for a place at a preschool.

Signature:…… Date……..