



# Sale Combined Kindergartens Inc.

Office Use Only	
Date	Time
Initial	

## KINDERGARTEN APPLICATION FORM 2018

Please note: This Kindergarten Application form does not guarantee your place.

### PROGRAMS AVAILABLE

#### 3-Year-Old Kindergarten

Please indicate preference as 1 and 2 (You may choose to enrol in both days).

<b>Gwenfa Hampton Kindergarten</b> 127 Fitzroy Street Sale Fees: \$350.00 per Term	<b>Thursday</b>	<b>9:15 a.m. – 1:15 p.m.</b>	<input type="checkbox"/>
<b>Hyland Community Kindergarten</b> 114 Market Street Sale Fees: \$350.00 per Term	<b>Wednesday</b>	<b>9:00 a.m. – 1:00 p.m.</b>	<input type="checkbox"/>

#### 4-Year-Old Kindergarten

Please indicate preferences in order 1 – 4

<b>Gwenfa Hampton Kindergarten</b> 127 Fitzroy Street Sale Full Fees: \$390.00 per Term Concession Fees: \$80.00 annually	<b>Monday/Tuesday/Wednesday</b>	<b>9:15 a.m. – 2:15 p.m.</b>	<input type="checkbox"/>
<b>Hyland Community Kindergarten</b> 114 Market Street Sale Full Fees: \$390.00 per Term Concession Fees: \$80.00 annually	<b>Tuesday/Thursday/Friday</b>	<b>9:00 a.m. – 2:00 p.m.</b>	<input type="checkbox"/>
<b>Sale North Kindergarten Group A</b> 13 Marilyn Way Sale Full Fees: \$390.00 per Term Concession Fees: \$80.00 annually	<b>Monday/Wednesday/Alt. Fridays</b>	<b>9:00 a.m. – 3:00 p.m.</b>	<input type="checkbox"/>
<b>Sale North Kindergarten Group B</b> 13 Marilyn Way Sale Full Fees: \$390.00 per Term Concession Fees: \$80.00 annually	<b>Tuesday/Thursday/Alt. Fridays</b>	<b>9:00 a.m. – 3:00 p.m.</b>	<input type="checkbox"/>

### CHILD DETAILS

Child's First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Male  Female

### PARENT/GUARDIAN DETAILS

Parent / Guardian 1:  
 First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_ Post Code: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 Phone Numbers: H: \_\_\_\_\_ M: \_\_\_\_\_ W: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_

**Parent / Guardian 2:**

**First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_

**Phone Numbers: H:** \_\_\_\_\_ **M:** \_\_\_\_\_ **W:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**INFORMATION ABOUT YOUR CHILD**

Is your child immunised? Yes  No

Please provide a copy of your child's Immunisation History Statement and Birth Certificate with your application.

Fee subsidy for Low Income Families. Please indicate if you have one of the following concessions and enter the number and expiry date:

(This applies only to 4-Year-Old Kindergarten). Please provide a copy of your concession card.

Health Care Card  Pensioner Concession  Other

Number..... Expiry Date.....

Has your child previously attended or received any of the following:

3-Year-Old Kindergarten program  4-Year-Old Kindergarten program

Early Start Kindergarten  Kindergarten Inclusion Support (KIS) package

Is your child of Aboriginal and/or Torres Strait Islander descent? Yes  No

Have you had other children previously attend the Kindergarten of preference? Yes  No

Does your child have concerns with any of the following;

ADHD  Allergy  Anaphylaxis  Asthma

Autism  Behaviour  Co-ordination  Diabetes

Epilepsy  Hearing  Heart Condition  Hyperactivity

Speech  Toileting  Vision

Other medical conditions

Please specify: \_\_\_\_\_

If you are accessing an Early Intervention Service, please specify and provide a contact name and number.

\_\_\_\_\_

