**Child Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s family name: |  | | | |
| Child’s given name/s: |  | | | |
| Child’s date of birth: | / / | Gender: | Female | Male |

**Family Details – Best contact for registration and enrolment**

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/guardian first and family names: |  | | |
| Relationship to Child: |  | | |
| Home address: |  | | |
| Best contact email: |  | | |
| Telephone numbers: | Mob - | Home - | Work - |
| Language/s spoken at home: |  | | |

**Two Years Funded Kindergarten**

Children residing in the Colac Otway Shire are eligible for two years of Funded Preschool for 15 hours per week. Please tick whether you are seeking to enrol your child as:

* 3 year old for two years of Preschool (child must have turned 3 by the 30 April 2022)
* Year before school Preschool (child must have turned 4 by the 30 April 2022)

***Please provide a copy of your child's birth certificate to ensure we can verify age.***

**Select the program your child has previously attended, if applicable;**

* an Early Start Kindergarten program
* an Access to Early Learning program
* a funded 4 year old kindergarten program

**Priority of Access**

**Please indicate if any of the following are apply to your child;**

* Your child is known or has been known to Child Protection or Child First or has been referred by:
* Child Protection
* Child and family services (family services referral and support team, Child FIRST/integrated family services/Services Connect case worker)
* Maternal and Child Health nurse, or
* Out-of-Home Care provider
* Your child is a refugee or asylum seeker
* Your child is Aboriginal or Torres Strait Islander
* Your child or the child’s parent holds a Commonwealth Health Care Card, Pensioner Concession Card, Veteran’s Affairs Card
* Your child is a multiple birth child (triplets or quadruplets)

Your child:

* is assessed as having delays in two or more areas and is declared eligible for a second funded year of kindergarten
* holds a Child Disability Health Care Card
* has previously been approved for Kindergarten Inclusion Support Package, or referred by:
* the National Disability Insurance Scheme
* Preschool Field Officer, or
* Maternal and Child Health nurse
* Early Childhood Intervention Service
* attended the Apollo Bay Preschool in their first year of funded kindergarten
* has a sibling that has previously attended the same kindergarten as their first preference
* your child's family lives or works in Apollo Bay

**Additional Needs**

Does your child have additional needs? Yes  No

|  |  |
| --- | --- |
| If yes, please specify: |  |

You are encouraged to discuss your child’s needs with the Educator when your child’s place is confirmed.

Is your child registered with a specific support service/agency?  Yes  No

|  |  |
| --- | --- |
| Name of support service/agency: |  |

Forward this completed **form and a copy of your child’s birth certificate** to:   
Enrolments Officer via;

* Email: [apollo.bay.kin@kindergarten.vic.gov.au](mailto:apollo.bay.kin@kindergarten.vic.gov.au)
* Post: Attn: Enrolments Officer, Apollo Bay Preschool, PO Box 150, Apollo Bay, VIC 3233

Remember to notify the Apollo Bay Preschool of any changes to your address or other information captured on this form by providing the relevant documentation via email or postal address listed above.

|  |  |
| --- | --- |
| Signature of parent/guardian: |  |
| Name of parent/guardian: |  |
| Date: |  |