

# BULLEEN PRE-SCHOOL

"LEARNING THROUGH DISCOVERY"

## 2018 Kindergarten Registration Form



### Child's Details

SURNAME\* \_\_\_\_\_

DATE OF BIRTH\* \_\_\_\_\_

GIVEN NAME(S) \* \_\_\_\_\_

SEX \* \_\_\_\_\_

### Person Responsible for Enrolment

NAME\* \_\_\_\_\_

RELATIONSHIP \* \_\_\_\_\_

ADDRESS\* \_\_\_\_\_

SUBURB\* \_\_\_\_\_

POSTCODE \* \_\_\_\_\_

TELEPHONE (H)\* \_\_\_\_\_

TELEPHONE (W) \_\_\_\_\_

MOBILE \* \_\_\_\_\_

EMAIL\* \_\_\_\_\_

### Year of Attendance

Year attending 3YO Kindergarten \_\_\_\_\_ (child must have turned three by 30th April in the year of commencement)

Year attending 4YO Kindergarten \_\_\_\_\_ (child must have turned four by 30th April in the year of commencement)

### Sibling who has previously attended

NAME \_\_\_\_\_ YEAR(S) ATTENDED \_\_\_\_\_

(\* ) denotes mandatory fields

### Additional Information

For planning purposes, does your child have any additional needs? Yes\* / No

\*Once your child has been placed, you will be contacted to discuss how we can best support you and your child

Do you hold a Health Care Card? Yes / No

Does the child identify as Aboriginal or Torres Strait Islander? Yes / No

**I understand that this is a registration of interest only and does not guarantee a place at Bulleen Preschool.**

PARENT'S SIGNATURE: \_\_\_\_\_ ..DATE \_\_\_\_\_

#### Please include the following:

- copy of birth certificate (or similar)
- copy of Immunisation History Statement (or vaccine catch-up schedule or medical condition details)

To proceed with the application, a \$25 application fee is payable via:

Option 1 - Cheque/Money Order. Made payable to bestchance CHILD FAMILY CARE, PO BOX 4190 Mulgrave, VIC 3150. Please include a copy of this registration form with Cheque/Money order

Option 2 – Credit Card  Visa  Mastercard  Bankcard

Card No: \_\_\_\_\_

Exp: \_\_ / \_\_ CVN: \_\_\_

Cardholder's Name \_\_\_\_\_ Cardholder's  
Signature \_\_\_\_\_

Please scan the completed form with all required information and email to:

[enrolments@bestchance.org.au](mailto:enrolments@bestchance.org.au)

Option 3 - BPAY (Request an invoice) An invoice will be emailed to the address nominated above. Please scan the completed form with all required information and email to: [enrolments@bestchance.org.au](mailto:enrolments@bestchance.org.au). Registration will be confirmed once payment received

**All Enrolment enquiries can be direct to: [enrolments@bestchance.org.au](mailto:enrolments@bestchance.org.au) and  
General program or preschool readiness  
questions can be directed to the preschool 9850 9528 or [bulleen.kin@kindergarten.vic.gov.au](mailto:bulleen.kin@kindergarten.vic.gov.au)**