

Expression of Interest Form for Four Year old Kinder 2025

To be returned by **Friday 2nd August 2024**

Please note that your child must turn 4 years of age on or by 30th April 2025.

Please note – This is not a guarantee of a place for your child.

Places will be allocated after the Expression of Interest close date of 2nd August 2024 based on the attached Priority of Access Policy.

Please ensure:

- All sections of this form are completed
- All relevant supporting documentation is provided including:
 - A copy of the child's **Birth Certificate, valid passport or proof of age**. If you are having difficulty providing please advise staff.
Enrolment will not be confirmed without acceptable proof of identification including age.
 - Proof of your place of residence that clearly states your name and address such as an electricity bill, a property lease agreement or driver's licence
 - Supporting documentation (i.e. copy of Health Care Card/Pension Card) if applicable

Your completed form can be lodged in person at Rutherglen Kindergarten 169 High St Rutherglen, by post to 168 High St, Rutherglen or by email at kinder@inh.org.au

Please complete the following information

Is this application for a second year of 4 year old funded kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Childs First Name	
Childs Family Name (as per stated on birth certificate)	
Date of Birth (proof must be provided)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Child lives with	<input type="checkbox"/> Parent/s <input type="checkbox"/> Foster care <input type="checkbox"/> Informal/Formal Kinship care <input type="checkbox"/> Other
Parents/guardians' names	
Residential Address (proof must be provided)	
Postal address, if different	
Telephone numbers	Home <input type="text"/> Work <input type="text"/> Mobile <input type="text"/>
Email Address	
What is the main language spoken at home?	

Are the child's immunisations up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you identify your child as Aboriginal and/or Torres Strait islander	<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander <input type="checkbox"/> No
Does your child meet any of the following criteria?	<input type="checkbox"/> Your child is known to Child Protection or Child FIRST/ Orange door? <input type="checkbox"/> Your child is identified on their birth certificate as being a multiple birth child (triplets or more)
Your child is in Out-of-Home-Care?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Out-of-home care (OoHC) is a temporary, medium or long-term living arrangement for children and young people who cannot live in their family home)
Does your child hold or they have a parent or guardian hold, one of the following:	<input type="checkbox"/> a Commonwealth Health Care Card <input type="checkbox"/> a Commonwealth Pensioner Concession Card <input type="checkbox"/> a Department of Veterans Affairs Gold Card or White Card <input type="checkbox"/> Refugee/ asylum seeker background or visa holder Supporting documentation (i.e. copy of Health Care Card/Pension Card) will need to be provided to the Kindergarten
Does your child have a developmental delay or disability including intellectual, sensory or physical Impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____ Is your child registered with a specific support service/agency? Name of support service/agency:: _____
Does your child have any medical conditions that are relevant to the care of your child? Or any other concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____ You are encouraged to discuss your child's needs with the educator when your child's place is confirmed.

If there are any changes to the provided information after you have lodged this form please contact the kinder (02) 6032 9456 or via email at kinder@inh.org.au.

Signature of parent/guardian: _____

Date: ____/____/____

169 High St Rutherglen VIC 3685

Tel: 02 60329456

Email: kinder@inh.org.au

Web: www.rutherglenkindergarten.org

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