



Belle Vue Park Kindergarten

Morrell Street GLENROY 3046

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2017/2018 THREE YEAR OLD KINDERGARTEN ENROLMENT FORM

CHILD'S DETAILS:

SURNAME: _____

GIVEN NAME: _____

PREFERRED NAME: _____

DATE OF BIRTH: _____ COUNTRY OF BIRTH: _____

DATE ARRIVED IN AUSTRALIA: _____

ADDRESS: _____

POST CODE: _____

Staff Use Only

Date Enrolled: _____

☐ \$25.00

Enrolment / Admin Fee
(Non-refundable)

☐ Birth Certificate

☐ Immunisation
Record

Siblings Enrolled at
Belle Vue Park PS

Yes / No

Surname: _____

PARENT'S DETAILS:

MOTHER'S FULL NAME:

FATHER'S FULL NAME:

TELEPHONE:

1. HOME _____

2. WORK _____

3. MOBILE _____

TELEPHONE:

1. HOME _____

2. WORK _____

3. MOBILE _____

EMAIL:

EMAIL:

OCCUPATION:

OCCUPATION:

COUNTRY OF BIRTH:

COUNTRY OF BIRTH:

CHILD RESIDES WITH:

NAME: _____ TELEPHONE: _____

ADDRESS: _____

NOTES:
