



Northern Schools Early Years Cluster Kindergarten

Office: 208A Hilton Street Glenroy 3046

Email: office@nseyc.org.au

Telephone: 9306 1662

APPLICATION FOR FOUR YEAR OLD KINDERGARTEN

MOLESWORTH STREET KINDERGARTEN 2023

CHILD'S DETAILS:

Surname: _____

Given name: _____

Preferred name: _____

Date of birth: _____ Country of birth: _____

Language(s) spoken at home: _____

Address: _____

Postcode: _____

Gender of child: Male / Female / Other (please circle)

Office Use Only

Date Enrolled: _____

- Early Start
- Birth Certificate
- Immunisation Record (UTD)

Siblings Enrolled at Primary

School
Yes / No

Surname: _____

Is your child Aboriginal and/or Torres Strait Islander? (Please tick one box)

- Yes, Torres Strait Islander
- Yes, both Aboriginal and Torres Strait Islander
- Yes, Aboriginal
- No, neither / prefer not to specify

PARENT/GUARDIAN'S DETAILS:

| | |
|---|---|
| Full name of parent/guardian 1: | Full name of parent/guardian 2: |
| Telephone: 1. Home _____ 2. Work _____ 3. Mobile _____ | Telephone: 1. Home _____ 2. Work _____ 3. Mobile _____ |
| Email: | Email: |
| Relationship to child: | Relationship to child: |
| Occupation: | Occupation: |
| Country of birth: | Country of birth: |
| Language(s) spoken at home: | Language(s) spoken at home: |

Child resides with: _____

(provide details if different to parent/guardian details above)

Name: _____ **Phone:** _____

Address: _____

Does the child have a medical condition (allergy, asthma, anaphylaxis etc)? Yes /No (circle)

If yes, please provide details:

I give permission for NSEYC to share information with the central enrolments of the local council for enrolment purposes. Yes / No (circle)

Please note:

Children must have turned 4 years old by the 30th April 2023 to attend the 4 year old kindergarten program.