



# Northern Schools Early Years Cluster Kindergarten

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## APPLICATION FOR FOUR YEAR OLD KINDERGARTEN

### ROTHSCHILD ROAD KINDERGARTEN at WILLOWBANK PRIMARY SCHOOL 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

Please tick preference:

Group name	Days	Hours	Comments
4-year-old	2 days	8.30am to 4.00pm	
4-year-old	3 days	8.30am to 1.30pm	

**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 30<sup>th</sup> April 2023 to attend the 4 year old kindergarten program.**