

YEAR
Child will
attend

20

GOLDEN SQUARE KINDERGARTEN INC.
Incorporation No. A0028630C
45 PANTON ST. GOLDEN SQUARE
PHONE -54437668
Email: admin@goldensquarekindergarten.com.au



LONG DAY APPLICATION FORM

Child's first name

Child's surname

Child's Date of Birth

Child's Postal Address

Post Code

1ST Parent/guardian full name

Parent/guardian phone number

1ST Parent/guardian Postal Address

Parent/guardian email

2ND Parent/guardian full name

Parent/guardian phone number

2ND Parent/guardian Postal Address

Parent/guardian email

Please answer the following to ensure priority placement.

Is your child connected to Child's Services or child Protection?

YES

NO

Do you have a Health Care Card?

YES

NO

Is your child a Aboriginal or Torres Strait Islander?

YES

NO

Does your child have a learning delay or disability?

YES

NO

Detail learning delay or disability & Early Intervention contact/key worker.

Did you have any previous siblings attend Golden Square Kinder? Year, group and name of child

Please supply a copy of your child's Immunisation History Statement .
NB-NO IMMUNISATION NO ENROMENT
Please supply a copy of your health care card.
Please pay \$20.00 Enrolment fee into our account.

ACCOUNT NAME- Golden Square Kindergarten
Bendigo Bank BBS- 633-000
Account No. **1306 70276**
REF ID- BILLYS18 (1st four letters of first name, 1st letter of surname and last 2 digits of year.

Failure to provide up to date information will result in loss of position or inability to enrol.

Golden Square Kindergarten Timetable for 2019

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7.30		Care	Care		Care
8.30	KOALAS SESSIONAL KINDER	ECHIDNAS	WOMBATS	KOALAS SESSIONAL KINDER	EMUS
4.00		EMUS	ECHIDNAS		WOMBATS
6.00	NO CARE for any short days 8.30-4.00 on any day	Care	Care	NO CARE for any short days 8.30-4.00 on any day	Care

Short days (KOALA'S GROUP)— Children in this group will attend Monday and Thursdays from 8.30—4.00

To enrol in this group you will enrol through the Central Enrolment System at LMPA by June 16th (to be eligible for the first allocation.)

Long Days— This group includes before and after care. 7.30-6.00 (The kinder component is from 8.30-4.00) If you choose this option you pay for the care component.

LONG DAY OPTIONS

1. **EMU'S GROUP**— Tuesday & Friday
2. **ECHIDNAS GROUP**— Tuesday & Wednesday
3. **WOMBATS GROUP**— Wednesday & Friday

Child's Name.....

Please write 1-3 your group preferences . OR tick this box if you do not mind which group

1. **EMU'S GROUP**— Tuesday & Friday

2. **ECHIDNA'S GROUP**— Tuesday & Wednesday

3. **WOMBATS GROUP**— Wednesday & Friday

I understand that by selecting the above group I will also be choosing the care component. I understand the payment for this choice.

Parent Name.....Parent Signature.....