

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. (Please put a cross in each box Yes or No if filling in online)

Is your child connected to Child's Services or child Protection?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do you have a Health Care Card?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Is your child a Aboriginal or Torres Strait Islander?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Does your child have a learning delay or disability?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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.

# 2019 TIMETABLE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
7:30						
8:00						
8:45						
12:00	<div style="font-size: 2em; font-weight: bold; margin: 0;">KANGAROOS</div> <div style="font-size: 0.8em; margin-top: 5px;">8:00—12:00</div>	<div style="font-size: 2em; font-weight: bold; margin: 0;">WOMBATS</div>		<div style="font-size: 2em; font-weight: bold; margin: 0;">KANGAROOS</div> <div style="font-size: 0.8em; margin-top: 5px;">8:00—12:00</div>		<div style="font-size: 0.8em; margin: 0;">8:45—12:00</div>
12:30	<div style="font-size: 2em; font-weight: bold; margin: 0;">POSSUMS</div> <div style="font-size: 0.8em; margin-top: 5px;">12:30—5:30</div>	<div style="font-size: 0.8em; margin: 0;">7:30—6:00</div>		<div style="font-size: 2em; font-weight: bold; margin: 0;">POSSUMS</div> <div style="font-size: 0.8em; margin-top: 5px;">12:30—5:30</div>		
4:00						
5:30						
6:00						

**I understand that by submitting this enrolment form I will also be choosing the long day program including the care component.**

**My child will be eligible to attend the kindergarten from 7:30am till 6:00pm Tuesdays and Wednesdays.**

**I understand the payment for this choice is currently \$55 per day or \$40 per day for Health Care Card holders**

**(Days and fees may be subject to change.)**

**I understand the kindergarten will not operate during the school holidays.**

**I have been informed the kindergarten is not eligible for the Child Care Rebate**

**Parent Name.....**

**It is possible that our timetable may change in future years and we are gauging the interest of what days suit a majority of the families. Please indicate from 1 to 5 in the boxes provided which days would suit your family best with 1 being the most desirable to 5 being the day you would like least.**

- MONDAY
- TUESDAY
- WEDNESDAY

- THURSDAY
- FRIDAY