

YEAR Child will attend	20
DATE RECEIVED	

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



LONG DAY APPLICATION FORM

Long day applications are made **directly** to Golden Square Kindergarten (GSK) NOT through Loddon Mallee Preschool Association (LMPA).
 If you accept a place at GSK you cannot accept a place with LMPA.

Sessions:

- Long day sessions include before and after care, meaning children can attend 7.30AM—6.00PM, two days a week.
- The days for the 2020 timetable is subject to family preferences and will be confirmed as soon as possible.
- Please mark your preferences below, rating 1-5 where 1 is the most desirable and 5 is the least desirable. If you cannot attend days please place a cross.

<input type="checkbox"/> Monday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Friday
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Tick if you would be interested in a third day

To enrol directly:

Enrolment forms are available on our web site www.goldensquarekindergarten.com.au, OR from the Golden Square Kindergarten.

Please complete this form in full and return to admin@goldensquarekindergarten.com.au or to:

Golden Square Kindergarten 45 Panton Street Golden Square, Vic 3555	or	Golden Square Kindergarten Po Box 157 Golden Square, Vic 3555
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If you have any queries or concerns please refer to our website www.goldensquarekindergarten.com.au, the above email address or call us on 5443 7668.

By enrolling I understand:

- That I am choosing the long day program which includes the care component.
- Fees are currently \$55 per day or \$40 per day for Health Care Card Holders
- Days and fees are subject to change.
- GSK does not operate during school holidays.
- The kindergarten is not eligible for the Child Care Rebate.
- Failure to provide an immunisation statement or correct contact details may result in forfeiture of your child's position.

Parent Name.....

Parent Signature.....

DATE-:

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Child's first name	Child's surname	Child's Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Child's Postal Address	Post Code
<input type="text"/>	<input type="text"/>

1ST Parent/guardian full name	Parent/guardian phone number
<input type="text"/>	<input type="text"/>

1ST Parent/guardian Postal Address	Parent/guardian email
<input type="text"/>	<input type="text"/>

2ND Parent/guardian full name	Parent/guardian phone number
<input type="text"/>	<input type="text"/>

2ND Parent/guardian Postal Address	Parent/guardian email
<input type="text"/>	<input type="text"/>

Please answer the following to ensure priority placement.

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.	<input type="text"/>			
Did you have any previous siblings attend Golden Square Kinder? Year, group and name of child	<input type="text"/>			

Please supply a copy of your child's Immunisation History Statement. NB-NO IMMUNISATION NO ENROLMENT 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- BILLS20 (1st four letters of child's first name, 1st letter of surname and last 2 digits of year attending GSK).
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Failure to provide up to date information will result in loss of position or inability to enrol.