

YEAR Child will Attend	<b>20</b>
DATE RECEIVED .....	

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



# SHORT DAY APPLICATION FORM

Short day applications can be made **directly** to Golden Square Kindergarten (GSK).

**IF** you choose to enrol through Loddon Mallee Preschool Association (LMPA) your enrolment will be delayed until June or later. If you accept a place at GSK you cannot accept a place with LMPA.

**Sessions:**

- Short day sessions are 15 hours per week.
- The 2020 timetable is be subject to enrolment numbers and will be confirmed as soon as possible.
- The 2019 timetable was structured with
  - ◊ 3 x 5hr sessions, or,
  - ◊ 2 x 4hr sessions, **plus** 1 x 7hr hour session

**To enrol directly:**

**Enrolment forms available on our web site** [www.goldensquarekindergarten.com.au](http://www.goldensquarekindergarten.com.au), OR from the Golden Square Kindergarten.

Please complete this form in full and return to [admin@goldensquarekindergarten.com.au](mailto: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 3555
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If you have any queries or concerns please refer to our website [www.goldensquarekindergarten.com.au](http://www.goldensquarekindergarten.com.au), the above email address or call us on 5443 7668.

**By enrolling I understand:**

- I will pay my fees unless I am a Health Care Card Holder.
- Fees are currently \$330 per term x 4 (\$1,320) or Free for Health Care Card Holders
- Days and fees are subject to change.
- GSK does not operate during school holidays.
- Failure to provide an immunisation statement or correct contact details may result in forfeiture of your child’s position.

**Parent Name**.....

**Parent Signature**.....

**DATE-**:

YEAR  
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# SHORT DAY APPLICATION FORM

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 . <b>NB-NO IMMUNISATION NO ENROLMENT</b> 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. <b>1306 70276</b> 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.**