

KINDERGARTEN ENROLMENT CHANGE OF DETAILS/PREFERENCE FORM

- **Complete child's details & the changes that needs to be made & return form to EEYS.**
- An offer for enrolment will be sent to you in August of the year prior to your child's commencement at Kindergarten.
- It is important to keep EEYS up to date. * indicates required information

| Child Details | | | | | | |
|--|---|--------------|--|---|---------------------------------|-------------------------------|
| Surname: | | | | | | |
| Given Name: | | | | Known as (if different) | | |
| Date of Birth: | | | | Sex: | Female <input type="checkbox"/> | Male <input type="checkbox"/> |
| Country of Birth: | | | Language/s spoken at home: | | | |
| Is the family a single parent family? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Parent Details: | | | | | | |
| | Parent/Guardian 1 Details | | | Parent/Guardian 2 Details | | |
| Surname: | | | | | | |
| Given Name: | | | | | | |
| Changed Residential Address: | | | | | | |
| Changed Postal Address: (if different from above) | | | | | | |
| Changed Contact Numbers: | Telephone No. | Business No. | Mobile No. | Telephone No. | Business No. | Mobile No. |
| Changed Email Address: | | | | | | |
| Interpreter required: | <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, Language spoken: | | | <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, Language spoken: | | |
| Priority Access: Please indicate if any of the following apply to you by ticking the box and providing expiry details where applicable | | | | | | |
| Kindergarten Fees Subsidy (Concession Card) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES please provide details below</i> | | | | | | |
| <input type="checkbox"/> Health Care Card CRN No: _____ Expiry date / / | | | | | | |
| <input type="checkbox"/> Pensioner Concession Card CRN No: _____ Expiry date / / | | | | | | |
| <input type="checkbox"/> Veteran's Affairs Card Gold Card Expiry date / / <input type="checkbox"/> Multiple Birth (triplets +) | | | | | | |
| Is your family known to a Child Protection Agency/Family Services? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES please specify below</i> | | | | | | |
| <input type="checkbox"/> Currently attend 3yo kinder through Early Start OR Referred by Case Manager: _____ | | | | | | |
| <input type="checkbox"/> Child Protection <input type="checkbox"/> Child & Family Services <input type="checkbox"/> CHILD FIRST | | | | | | |
| <input type="checkbox"/> Integrated family services <input type="checkbox"/> Services Connect <input type="checkbox"/> Maternal & Child Health <input type="checkbox"/> Out of Home Care | | | | | | |
| Children with Additional Needs <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES please specify &/or tick appropriate option below:</i> | | | | | | |
| <input type="checkbox"/> Child holds a disability health care card _____ | | | | | | |
| <input type="checkbox"/> Eligible for Kindergarten Inclusion Support Package | | | | | | |
| Or referred by | | | | | | |
| <input type="checkbox"/> National Disability Insurance Scheme <input type="checkbox"/> Early Child Intervention Service (indicate service): _____ | | | | | | |
| <input type="checkbox"/> Pre School Field Officer <input type="checkbox"/> Maternal Child & Health Nurse | | | | | | |
| Aboriginal and/or Torres Strait Islander <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Asylum seeker and refugee children <input type="checkbox"/> Yes <input type="checkbox"/> No please indicate visa type: _____ | | | | | | |
| Current Court Orders (please supply copy) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Early Start Programs (3 year old) Is your child eligible for Early Start? | | | | | | |
| Aboriginal or Torres Strait Islander <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Known to Child Protection/Family Services <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Refugee and/or asylum seeker <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Siblings Have you had a child previously attend a 4 year old program in an EMERGE kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES please provide details below</i> | | | | | | |
| In what year did they attend? | | | Which kindergarten did they attend? | | | |

HORSHAM BASED KINDERGARTENS Please number your preference/s (1 to 5) for Four Year old and/or Three year old

| THREE YEAR OLD <i>Child must turn 3 by 30th April in the year attending</i> <i>Note: Child cannot start until 3</i> | Bennett Road Kindergarten | Green Park Kindergarten Acacia | | Bani Many Kindergarten (Rasmussen Road) | Laharum Preschool | Natimuk Preschool | Natimuk Road Kindergarten |
|---|--|---|--|--|------------------------------|---|--|
| 2025 | | | | | Not currently available | | Not currently available |
| 2026 | | | | | | | |
| 2027 | | | | | | | |
| 2028 | | | | | | | |
| 2029 | | | | | | | |
| 2030 | | | | | | | |
| FOUR YEAR OLD <i>Child must turn 4 by 30th April in the year attending</i> | Bennett Road Kindergarten | Green Park Kindergarten Acacia | Green Park Kindergarten Casuarina | Bani Many Kindergarten (Rasmussen Road) | Laharum Preschool | Natimuk Preschool <i>Bush Kindergarten</i> | Natimuk Road Kindergarten |
| 2025 | | | | | Not currently available | | |
| 2026 | | | | | | | |
| 2027 | | | | | | | |
| 2028 | | | | | | | |
| 2029 | | | | | | | |
| 2030 | | | | | | | |

STAWELL BASED KINDERGARTENS Please number your preference/s (1 to 2) for Four Year old and/or Three year old

| THREE YEAR OLD | | | FOUR YEAR OLD | | |
|--|---|-----------------------------|---|-----------------------------|-----------------------------|
| <i>Child must turn 3 by 30th April in the year attending</i> <i>Note: Child cannot start until 3</i> | Cooinda Kindergarten <i>(Please note: 3yo places will only be offered at Cooinda if there are low 4yo enrolments)</i> | Marrang Kindergarten | <i>Child must turn 4 by 30th April in the year attending</i> | Cooinda Kindergarten | Marrang Kindergarten |
| 2025 | Not currently available | | 2025 | | |
| 2026 | | | 2026 | | |
| 2027 | | | 2027 | | |
| 2028 | | | 2028 | | |
| 2029 | | | 2029 | | |
| 2030 | | | 2030 | | |

Do you require Long Day Care? (Marrang only) ☐ **Yes** ☐ **No**

HINDMARSH KINDERGARTENS

| THREE YEAR OLD | | | | | FOUR YEAR OLD | | | | |
|--|-----------------|----------------|--------------|----------------|---|-----------------|----------------|--------------|----------------|
| <i>Child must turn 3 by 30th April in the year attending Note: Child cannot start until 3</i> | Dimboola Kinder | Jeparit Kinder | Nhill Kinder | Rainbow Kinder | <i>Child must turn 4 by 30th April in the year attending</i> | Dimboola Kinder | Jeparit Kinder | Nhill Kinder | Rainbow Kinder |
| 2025 | | | | | 2025 | | | | |
| 2026 | | | | | 2026 | | | | |
| 2027 | | | | | 2027 | | | | |
| 2028 | | | | | 2028 | | | | |
| 2029 | | | | | 2029 | | | | |
| 2030 | | | | | 2030 | | | | |

Do you require Long Day Care? (Dimboola & Nhill only) ☐ Yes ☐ No

| | |
|--|--|
| Name of person filling in this form | |
| Signature | |
| Date | |

Emergent Early Years Services

Website: www.eeys.com.au Email: enrol@eeys.com.au

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Acting Executive Officer: Elicia Napoli **Office Hours:** Monday to Friday 9am to 3pm (after 3pm appointments required)