Sale Combined Kindergartens Inc.

Office Use Only	
Date	**Time**
Initial	

KINDERGARTEN APPLICATION FORM 2018

Please note: This Kindergarten Application form does not guarantee your place.

PROGRAMS AVAILABLE

3-Year-Old Kindergarten

Please indicate preference as 1 and 2 (You may choose to enrol in both days).

Gwenfa Hampton Kindergarten **Thursday** **9:15 a.m. – 1:15 p.m.** ☐
127 Fitzroy Street Sale
Fees: $350.00 per Term

Hyland Community Kindergarten **Wednesday** **9:00 a.m. – 1:00 p.m.** ☐
114 Market Street Sale
Fees: $350.00 per Term

4-Year-Old Kindergarten

Please indicate preferences in order 1 – 4

Gwenfa Hampton Kindergarten **Monday/Tuesday/Wednesday** ☐
127 Fitzroy Street Sale **9:15 a.m. – 2:15 p.m.**
Full Fees: $390.00 per Term
Concession Fees: $80.00 annually

Hyland Community Kindergarten **Tuesday/Thursday/Friday** ☐
114 Market Street Sale **9:00 a.m. – 2:00 p.m.**
Full Fees: $390.00 per Term
Concession Fees: $80.00 annually

Sale North Kindergarten **Group A** **Monday/Wednesday/Alt. Fridays** ☐
13 Marilyn Way Sale **9:00 a.m. – 3:00 p.m.**
Full Fees: $390.00 per Term
Concession Fees: $80.00 annually

Sale North Kindergarten **Group B** **Tuesday/Thursday/Alt. Fridays** ☐
13 Marilyn Way Sale **9:00 a.m. – 3:00 p.m.**
Full Fees: $390.00 per Term
Concession Fees: $80.00 annually

CHILD DETAILS

Child's First Name: _____ Surname: _____

Date of Birth: _____ **Male** ☐ **Female** ☐

PARENT/GUARDIAN DETAILS

Parent / Guardian 1:
First Name:_____ Surname: _____

Postal Address: _____ Post Code: _____

Residential Address: _____

Phone Numbers: H: _____ M: _____ W: _____

Email Address:_____

Relationship to Child:_____

Parent / Guardian 2:
First Name:_____ Surname: _____

Postal Address: _____ Post Code: _____

Residential Address: _____

Phone Numbers: H: _____ M: _____ W: _____

Email Address:_____

Relationship to Child:_____

INFORMATION ABOUT YOUR CHILD

Is your child immunised? **Yes** ☐ **No** ☐

Please provide a copy of your child's Immunisation History Statement and Birth Certificate with your application.

Fee subsidy for Low Income Families. Please indicate if you have one of the following concessions and enter the number and expiry date:
(This applies only to 4-Year-Old Kindergarten). Please provide a copy of your concession card.

Health Care Card ☐ **Pensioner Concession** ☐ **Other** ☐

Number……. Expiry Date…….

Has your child previously attended or received any of the following:

3-Year-Old Kindergarten program ☐ **4-Year-Old Kindergarten program** ☐

Early Start Kindergarten ☐ **Kindergarten Inclusion Support (KIS) package** ☐

Is your child of Aboriginal and/or Torres Strait Islander descent? **Yes** ☐ **No** ☐

Have you had other children previously attend the Kindergarten of preference? **Yes** ☐ **No** ☐

Does your child have concerns with any of the following;

ADHD	☐	**Allergy**	☐	**Anaphylaxis**	☐	**Asthma**	☐
Autism	☐	**Behaviour**	☐	**Co-ordination**	☐	**Diabetes**	☐
Epilepsy	☐	**Hearing**	☐	**Heart Condition**	☐	**Hyperactivity**	☐
Speech	☐	**Toileting**	☐	**Vision**	☐		

Other medical conditions ☐

Please specify: _____

If you are accessing an Early Intervention Service, please specify and provide a contact name and number.