

YEAR Child will Attend DATE RECEIVED	20
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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 2021 timetable is be subject to enrolment numbers and will be confirmed as soon as possible.
- The 2020 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, 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 3555

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:

- I will pay my fees unless I am a Health Care Card Holder.
- Fees are currently TBA and will be set at the end of 2020.
- 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-:

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SHORT 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.

Is your child connected to Child's Services or child Protection?

YES

☐

NO

☐

Do you have a Health Care Card?

YES

☐

NO

☐

Is your child a Aboriginal or Torres Strait Islander?

YES

☐

NO

☐

Does your child have a learning delay or disability?

YES

☐

NO

☐

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 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).

Failure to provide up to date information will result in loss of position or inability to enrol.