

Registration of Interest in Enrolment

This information is required to determine when your child will commence kindergarten and to contact you regarding your child's enrolment.

Office Use Only
K T 20
T / No
EE
BC/AC/OC

Child's Name: Male/Female
Child's Date of Birth:
Which school do you intend to send your child to?
Are you Interested in transition sessions? (occurs in the term before they are due to commence Kindy) (please tick chosen option) Yes—4 visits of transition No Transition
Does your child identify as Aboriginal or Torres Strait Islander? Yes / No
Has your child been or are they currently under the Guardianship of the Minister? (subject of a custody or guardianship order under the Children and Young People (Safety) Act 2017 (SA))? Yes / No
Does your child have any additional needs? No/ Yes (Circle if applicable) medical conditions, developmental delay, disabilities, English as a second language) Please provide a brief summary here:
Would you like your child to commence Kindy at: (please tick)
the beginning of the year (Jan-Dec) OR the middle of the year (July-July following year)
(Midyear entry is only optional for children who are born between May 1st—October 31st and must start school midyear)
Please tick your preferred Kindy sessions:
Five full days per fortnight 9am - 3pm. Please circle your preference for full days: Mondays and Wednesdays & extra day per fortnight OR Tuesdays and Thursdays & extra day per fortnight
Two full days 9am - 3pm & 1 half day. Please circle your preference for full days: Mondays and Wednesdays OR Tuesdays and Thursdays
Circle interest: Before Care 7:45–9am / Before Care 8-9am / After Care 3-4pm / After Care 3-5pm / After care 3-5:15pm
We currently offer before care from 8-9am and after care from 3-5pm (just asking to see if there is future interest)
Parent 1 / Guardian:Parent 2 / Guardian:
Phone number:Phone number:
Email address: Email address:
Postal Address:
Signature:
Office Use Only: Entered: / / Enrol Meeting: