



ISABEL HENDERSON KINDERGARTEN INC WAITING LIST FORM

This form is to add your child's name to the waiting list. It is not a guarantee of a place. A separate form must be submitted for each child.

Office Use Only
Group/Year: _____

Date Received: _____

Please use BLOCK LETTERS

Name of Child: _____ Sex: M F

Birthdate: _____ Language(s) Spoken at Home: _____

Is there any additional information that we need to know in relation to your child? Yes No

Comments: _____

Does your child currently attend any other service? _____

Have any of your children previously attended Isabel Henderson Kindergarten? Yes No

Name/s: _____ Year _____

Parent 1 <small>(Please note that this information will be used as the main contact)</small>	Parent 2
Name: _____	Name: _____
Address: _____	Address: _____
_____ Postcode: _____	_____ Postcode: _____
Telephone Home: _____	Telephone Home: _____
Telephone Business: _____	Telephone Business: _____
Mobile: _____	Mobile: _____
Email address: _____	Email address: _____
Date of Birth: _____	Date of Birth: _____
<u>Work Details – please circle the following:</u>	<u>Work Details – please circle the following:</u>
Occupation: _____	Occupation: _____
Working: Full time Part time Casual	Working: Full time Part time Casual
Parental/Maternity Leave At home	Parental/Maternity Leave At home
Studying: Full time Part time	Studying: Full time Part time
<small>This information is required to determine priority of access under Commonwealth Government guidelines</small>	<small>This information is required to determine priority of access under Commonwealth Government guidelines</small>

Please complete the details over the page and return the completed form to:

Isabel Henderson Kindergarten
259 Rae Street
North Fitzroy, 3068
Telephone: (03) 9481 6152
Fax: (03) 9486 6639
Email: isabel.henderson.kin@kindergarten.vic.gov.au

Isabel Henderson cannot guarantee a second year of funded kindergarten for an enrolled child.
Isabel Henderson cannot guarantee a second year non-funded (full fee paying) position will be available for an enrolled child.

PRIORITY OF ACCESS GUIDELINES FOR CENTRE-BASED LONG DAY CARE SERVICE SET BY THE COMMONWEALTH GOVERNMENT

FIRST PRIORITY	A child at risk of serious abuse or neglect
SECOND PRIORITY	A child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under section 14 of the Family Assistance Act
THIRD PRIORITY	Any other child

To allow us to determine your child's priority position on our waitlist, please tick the following categories if they apply to your child:

- Children in Aboriginal and Torres Strait Islander families
- Children in families which include a disabled person
- Children in families on low incomes
- Children in families with non-English speaking background
- Children in socially isolated families
- Children of single parents

Within these guidelines, Isabel Henderson Kindergarten will give the following groups priority:

1. Children of current or past families of Isabel Henderson
2. Children in families living in North Fitzroy
3. Children of parents working in North Fitzroy

KINDERGARTEN PROGRAM PREFERENCES

THREE YEAR OLD PROGRAM YEAR REQUIRED _____

3 year old Sessional Kindergarten: currently 5½ hours over 2 days per week

FOUR YEAR OLD PROGRAMS YEAR REQUIRED _____

Please indicate program you are interested in:

4 year old Sessional Kindergarten: 12 hours of funded kindergarten across the week – days subject to yearly review

4 year old Long Day Program: comprising programs of between 2 and 5 days duration per week.
Preferred days: Mon_____Tues_____Wed_____Thurs_____Fri_____

Please note: All programs offered are subject to yearly review.
If your requirements change, please let us know so we can update your details.

I acknowledge that all information supplied on this form is correct at the time of signing

Signed: _____ Date: _____

Waitlist Application Fee
A non-refundable waitlist application fee of \$20.00 applies. Families enrolling 2 or more children onto the waitlist need only pay the one \$20.00 fee.
Please note that Health Care Card holders and families on low incomes will be exempt from this fee.
In all other cases, waitlist applications will not be able to be processed unless payment accompanies this form.

Please make cheque/money order payable to Isabel Henderson Kindergarten.