



Lindenow & District Pre-School Inc.

ABN 52 161 440 764

152 Main Road, Lindenow 3865

Telephone: (03) 5157 1458

Email: lindenow.kin@kindergarten.vic.gov.au

Complete this enrolment application form and:

- enclose a copy of the child's birth certificate or suitable evidence of the child's birth date
- forward the completed enrolment application form with attachments to 152 Main Rd, Lindenow, Vic 3875 or lindenow.kin@kindergarten.vic.gov.au

Enrolment and immunisations

The Government's No Jab No Play laws require all children to be age-appropriately immunised before enrolment can be confirmed.

Parents/guardians offered tentative places will be asked to provide immunisation documentation to Lindenow & District Pre-School by enrolment day that shows that their child's immunisations are up to date for their age or that an exemption applies.

Confirmation of places is finalised after the documentation has been assessed that the child is up to date or that the child is on a recognised catch-up schedule if they have fallen behind with their vaccinations, or that the child has a medical reason not to be vaccinated or that the child has been assessed as being eligible for a 16 week grace period.

Further information on immunisation requirements for enrolment in early childhood services is available on the State Government's [Better Health Channel](http://www.betterhealth.vic.gov.au/campaigns/no-jab-no-play) at www.betterhealth.vic.gov.au/campaigns/no-jab-no-play

This application is for my child to attend 3-year-old kindergarten in 2026 2027 2028 (please circle)

Note: your child must have turned 3 years of age by the 30th April in the year enrolment is sought

This application is for my child to attend 4-year-old kindergarten (Pre-Prep) in 2026 2027 2028 (please circle)

Note: your child must have turned 4 years of age by the 30th April in the year enrolment is sought

Is this application for a second year of funded kindergarten Yes No

If yes, please attach a copy of the relevant paperwork.

Child's family name: _____

Child's given names: _____

Date of birth: ___/___/___ Male Female

Parents'/guardians' names:.....

Address: _____

_____ Postcode: _____

Telephone number: _____ Language/s spoken at home _____

Email: _____

Please indicate if you are eligible for one of the following concessions, or meet one of the following criteria:

Health Care Card Pensioner Concession Card

DVA Gold Card Bridging Visas A–F

Temporary Protection/Humanitarian Visas 447, 451, 785 or 786

Resolution of Status Visa (RoS) Visa Class CD, Subclass 851

Refugee and Special Humanitarian Visas 200–217

Triples or Quadruplets

Is the child of Australian Aboriginal or Torres Strait Islander origin? (Circle one only)

Yes, Aboriginal Yes, both Aboriginal and Torres Strait Islander

Yes, Torres Strait Islander No, not Aboriginal nor Torres Strait Islander

Children with additional needs

Does your child have additional needs? Yes No

If yes, please specify: _____

(You are encouraged to discuss your child's needs with the educator when your child's place is confirmed)

Is your child registered with a specific support service/agency? Yes No

Name of support service/agency: _____

Additional information

Does your child have a medical condition? Yes No

If yes, please specify: _____

Signature of parent/guardian: _____

Date: _____

.....

Staff signature: _____

Date: _____