



Approved Kindergarten Program 2021
Enrolment Form
Eligible if born between 1/7/16 – 30/6/17



Child's Name: _____

Preferred Name: _____ Date of Birth: ____ / ____ / ____

Program Access and Eligibility

Is your child attending another Approved Kindergarten Program in 2021? No Yes

Do you elect for your Kindy Funding to be claimed by Creative Kids? No Yes

Has your child accessed any Kindy Funding at another service this year? No Yes

Are you seeking delayed exit or delayed entry to Kindy this year (e.g. your child was not born between 1/7/16 to 30/6/17)? No Yes

Do you or your child have a Health Care Card? No Yes

Does your child identify as:

- Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander
- Neither Aboriginal or Torres Strait Islander Prefer not to identify

Does your child have additional needs (e.g. disability, English as a second language) that may require additional support? No Yes

Child Educational Program and Development

What school do you intend on sending your child to? _____

Do you have any concerns regarding your child's development in any areas? No Yes

Please list three goals that you have for your child in Kindy

1. _____

2. _____

3. _____
