

**CONFIRMATION OF OFFER**

**PLEASE COMPLETE THIS FORM TO ACCEPT YOUR CHILD’S PLACE FOR NEXT YEAR AND RETURN TO THE KINDERGARTEN BY MONDAY 13th AUGUST**

**BY EITHER POSTING TO 1A MYRTLE RD HAMPTON 3188 OR VIA EMAIL**

**3 Year Old Email:** [**en\_officer\_3yo@hamptoncommunitykinder.org.au**](mailto:en_officer_3yo@hamptoncommunitykinder.org.au)

**4 Year Old Email:** [**en\_officer\_4yo@hamptoncommunitykinder.org.au**](mailto:en_officer_4yo@hamptoncommunitykinder.org.au)

**\*If you have an application reference number provided by Bayside City Council please record here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Once your child’s place has been processed, you will receive a confirmation email confirming which group your child has been allocated to. This email will also outline the details for our AGM (Annual General Meeting) to be held on November 13th 2018 to which you are required to attend in order to receive more information about the kinder program for next year.*

**CHILD INFORMATION**

Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Given Name/s : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender:

* Male
* Female
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Please note that the kindergarten requires a copy of your child’s up-to-date immunisation records and birth certificate to complete the enrolment process.**

**PRIMARY FAMILY HOME ADDRESS**

No. & Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOUR YEAR OLD GROUP PREFERENCE**

Please select one option if your child will be attending 4 Year Old Kinder in 2019. Please note that groups will be allocated via the order the forms are received.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Wombat Group** | Wednesday  Friday | 8:30am – 4:00pm  8:30am – 4:00pm |
|  | **Echidna Group** | Monday  Tuesday  Thursday | 8:30am – 4:00pm  12:00pm – 4:00pm  12:30pm – 4:00pm |
|  | **No Preference** | | |

**PAYMENT**

To secure your child’s place, a non-refundable deposit of $250 needs to be paid (eligible concession holders are exempt) via direct deposit by Monday 3rd December into the bank details provided below:

Bank: Bendigo Bank Account Name: Hampton Community Kinder

BSB: 633 000 Account Number: 158395541

Payment Ref: Child’s Family Name and initial