

2020 3 Year Old Application Form

Name of Kindergarten:				
Child's name:				
	Given name	Surname		
Date of birth:	/ /	Gender:		
Street Address:				□ □ □ □
Suburb:				
Parent/Guardian Name 1:				
Contact No 1:				
Parent/Guardian Name 2:				
Contact No 2:				
Email Address:				
Are your child's immunisations up to date? Y or N				
Is the child of Aboriginal/or Torres Islander descent? Y or N				
Are you concerned about any aspects of your child's development? ie. Speech/hearing/ fine motor skills/ social or emotional development?				

Please email this form with a copy of the child's Birth Certificate to Moreland Early Years Management Administration at admin@meym.org.au.

Office use only:	
Date Form Received:	Received by: