



Early Childhood
Management Services
PO Box 182
Northcote Vic 3070
Ph: 8481 1100

BACCHUS MARSH KINDERGARTEN

ENROLMENT APPLICATION

4 YEAR OLD – 2012

2nd year application



Bacchus Marsh Preschool
PO Box 719
Bacchus Marsh Vic 3340
Ph: 5367 7081

Eligibility

- Children are eligible to enrol in the year prior to the year they wish to attend
- Children may attend a State funded kindergarten program when he/she turns 4 on or before **30th April** in the year of attendance

Procedures

- The central enrolment system is being managed by ECMS
- Enrolments will open on **1st Monday in March** in the year prior to when the child attends
- A full copy of the central enrolments policy is available at each kindergarten centre
- Places will be allocated as per the allocation procedure. When you apply, a corresponding application number is allocated to you to indicate the date of application.
- Forms received prior to **7th March** will be returned to sender
- You will receive confirmation of your application within 30 days.
- In September of each year an enrolment confirmation letter will be sent out confirming your child's enrolment and session times
- All applicants who have been unsuccessful will be informed and placed on a waiting list and notified

Steps

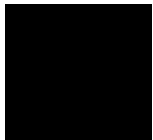
- Complete the attached enrolment application form.
- Enclose a copy of Birth Certificate or suitable evidence of child's date of birth (a certified copy is not required)
- Multiple births use separate forms for each child

Return your application to:-

**Administration Office, Bacchus Marsh
PO Box 719
Bacchus Marsh Vic 3340**

*Enrolment application forms can be collected
from Young Street & Darley Kindergarten or
posted on request or
Downloaded on website:
www.ecms.org.au
after the 7th March.*

**Please phone Bacchus Marsh Administration
Officer for any further enquiries on 5367 7081**



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Application no: _____ Date rec: ____/____/____

Child's family name: _____

Given names: _____

Address: _____

_____ Postcode: _____

Date of birth: ____/____/____ Male Female (Proof of child's D.O.B.)

Parents/guardians names: _____

Home phone number: _____ Business: _____

Mobile number: _____ Email: _____

Language spoken at home: _____

Is the child of Aboriginal and / or Torres Strait Islander descent? Yes No

Does your child have any special needs / allergies / other medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No Please give details: _____ _____

Please select in order of preference:-

Young Street

Darley

*If your child will require additional support please contact the kindergarten coordinator on **8481 1100** to discuss your child's needs.*

Please notify Bacchus Marsh administration officer of any changes to your address, preferences or other relevant information on **5367 7081**

Print name of parent/guardian: _____

Signature of parent/guardian: _____