

KINDERGARTEN – ENROLMENT FORM 2026 (OFFICE PURPOSE ONLY)

Service name: Broadmeadows Ealy Learning Center	
Address: 391-393 Camp Road Broadmeadows VIC, 3047	
Phone number: (03) 9191 9580	Email: director@broadmeadowselc.com.au

CHILD DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, e)

Family Name			
First given name		Second given name	
Preferred first name			

Date of Birth		Gender	
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Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number.</i>	
Does your child have a Commonwealth Health Care Card? 	Yes / no

Child's home address	
Child normally lives with	

Days of attendance (Please circle):	Mon	Tues	Wed	Thurs	Fri
Child's Start Date					

CULTURAL CONSIDERATION

Education and Care Services National Regulations - Regulation 160 (f, g, h)

<p>Is your child of Aboriginal or Torres Strait Islander origin?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both</p>
<p>Does your child speak a language other than English at home? <i>(Please circle) Yes / No</i></p>	<p>If yes, what language (s) other than English are spoken at home.</p>
<p>County of birth</p>	
<p>If your child was NOT born in Australia, please provide the date the child arrived in Australia</p>	
<p>Child's residency status</p>	
<p>What is your child's cultural background?</p>	
<p>Please outline any cultural practices you would like followed: (Cultural, dietary)</p>	
<p>Religion</p>	
<p>Please outline your child's religious background and if relevant any religious practices/celebrations you would like followed.</p>	

PRIMARY PARENT/GUARDIAN

Education and Care Services National Regulations - Regulation 160 (3b)

[Primary Parent must also be the registered CCS claimant]

Parent Name	
Parent Surname	
Address	
Phone Number/s	(H) (M) (W)
Parent Date of Birth	
Email address	
Relationship to child	
Country of Birth	
Languages other than English spoken at home	

Parent Centrelink Reference Number (CRN):	[Ensure Primary parent is registered as CCS Claimant]
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Please provide any relevant cultural background details	
Does the child normally live with you? (Please circle)	Yes / No
Occupation	

SECONDARY PARENT/GUARDIAN

Education and Care Services National Regulations - Regulation 160 (3b)

Parent Name	
Parent Surname	
Address	

Phone Number/s	(Home) (Mobile) (Work)
Parent Date of Birth	
Email address	
Relationship to child	
Country of Birth	
Languages other than English spoken at home	

Parent Centrelink Reference Number (CRN)	
Please provide any relevant cultural background details	
Does the child live with you? (Please circle)	Yes / No
Occupation	

FAMILY LAW, AVOs OR OTHER RELEVANT COURT ORDER

Education and Care Services National Regulations - Regulation 160 (3c, d)

Are there any relevant court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	Yes/No	Attached
	If yes, please provide all relevant documentation and paperwork	
Are there any other relevant court orders relating to the child's residence or the child's contact with a parent or other person?	Yes/No	Attached
	If yes, please provide all relevant documentation and paperwork	
Have photographs and names of unauthorised people been attached to this form?	Yes/No	Attached

<p>Briefly outline court order requirements</p>	
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Please note that without this documentation we cannot legally enforce the Order/s.

IMMUNISATION DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, i, j), Regulation 162 (f, h, i)

No child can be enrolled in an Early Childhood Education and Care service unless evidence is provided of up-to-date vaccination from the Australian Immunisation Register (AIR).

<p>Immunisation Status of Child at enrolment</p>	<p>Comment: Fully immunised/catch up schedule</p>	
<p>AIR Immunisation History Statement or AIR Immunisation History Form is provided and has words 'up to date' recorded.</p>	<p>Yes/ No</p>	<p>Attached</p>
<p>AIR Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity.</p>	<p>Yes/ No</p>	<p>Attached</p>
<p>Air Immunisation History Form is completed by a GP/nurse when the AIR does not have a record of immunisations and a 'catch up' schedule has been initiated.</p>	<p>Yes/ No</p>	<p>Attached</p>

FAMILY INFORMATION

<p>Does your child have any siblings attending our Service? If so, please provide their names and ages.</p>	
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<p>Does your child have other siblings at home or attending school? If so, please provide their names and ages.</p>	
<p>Does your child have any other close relations attending the Service? If so, please provide their names and ages.</p>	

DEVELOPMENTAL INFORMATION

	<i>Please provide any relevant information</i>
<p>Does your child have any problems with hearing, sight or speech?</p> <p><input type="checkbox"/> Hearing</p> <p><input type="checkbox"/> Sight</p> <p><input type="checkbox"/> Speech</p>	
<p>Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?</p>	
<p>Does your child require additional support for learning because of disability?</p>	
<p>Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?</p>	
<p>Has your child begun toilet training?</p>	
<p>Is this the first time your child has been in care? If yes, please indicate the type of early education and care your child has experienced.</p>	
<p>Is your child used to being with other adults and children?</p>	
<p>Does your child have any comforters? (security blanket, dummy, bottle etc)</p>	

TRANSITION TO SCHOOL

<p>Have you decided what school to send your child to? If so, do you give the Service permission to exchange information with the school to assist your child transition to school?</p> <p>Name of School:</p> <p>_____</p> <p>Permission to exchange information: Yes/No</p>	Yes/No	Parent 1 Signature:	
	Yes/No	Parent 2 Signature:	
<p>While public schools have no requirements for entry, some private schools may have entry requirements. If relevant and known, please outline any requirements for entry to your child's private school so we can incorporate them into your child's program.</p>			

PARENT/GUARDIAN ACCEPTANCE

I _____ will adhere to all the Services Policies and procedures while my child is enrolled, I further understand I will notify the Service of any changes in my circumstances and understand I will only be accessing Kinder at one Service.

SIGNATURE _____ DATE _____