

MALVERN MEMORIAL  
KINDERGARTEN

6.1.2 - ENROLMENT APPLICATION  
FORM



Malvern Memorial Kindergarten  
15 Orchard Street, Armadale, VIC, 3143  
Phone: 03 9509 1609 Fax: 03 9509 8094  
Email: malvern.memorial.kin@kindergarten.vic.gov.au  
www.malvernmemorialkindergarten.com.au

Enrolment Year: \_\_\_\_\_ Kindergarten Year (3 or 4 yr old): \_\_\_\_\_

**CHILD'S INFORMATION**

Family name:		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Given names:		Usually called:	
Date of birth:		Copy of birth certificate attached: Yes <input type="checkbox"/>	
Country of birth:		Religion (optional):	
Home address:			
Suburb:		Postcode:	
Languages spoken at home:		Is the child aboriginal or Torres Strait Islander: Yes <input type="checkbox"/> No <input type="checkbox"/>	

**FAMILY INFORMATION**

Parent / Guardian names:	
Phone(H):	Phone (W)::
Mobile:	
Email:	
English interpreter required for either parent?: Yes <input type="checkbox"/> No <input type="checkbox"/>	Language:
Have siblings previously attended Malvern Memorial Kindergarten in the last 5 years: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Please list name/s and year/s first enrolled:	

**ADDITIONAL INFORMATION**

Does your child have any special needs / allergies / other medical conditions: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, please provide details:
Is your child's immunisations up to date? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<b><i>It is now compulsory that all children attending kindergarten are fully immunised. We need evidence of your child's immunisation status from their Medicare Immunisation History Statement. Please attach to your enrolment application.</i></b>
Are you able to take on a committee role: Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Please notify Malvern Memorial Kindergarten to any changes of the above information so that we are able to contact you. You can do this by contacting Malvern Memorial Kindergarten on 03 9509 1609 or via email: malvern.memorial.kin@kindergarten.vic.gov.au

Name of parent / guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

Please return this application to:  
The Enrolment Officer  
Malvern Memorial Kindergarten  
15 Orchard Street, Armadale, VIC, 3143