

**MOOROOLBARK EARLY CHILDHOOD EDUCATION CENTRE INC. (M.E.C.E.C.)**

Children's Services Licensee No. 2115

ABN 53 525 324 974

4 Year Old Kindergarten ~ 3 Year Old Program ~ Toddler Group Program

THREE YEAR OLD PROGRAM ENROLMENT – APPLICATION FORM - 2021

This form must be completed by a parent or guardian who has lawful authority in relation to this child.

Children must turn three within two weeks of commencement. A child who is not three must have a parent/guardian in attendance at all times until he/she turns three (for a maximum of 2 weeks).

ATTENTION:

In order to submit a completed application, please ensure you have included the following:

- ☐ **Completed Application Form**
- ☐ **\$10 Application Fee – cash/cheque/money order payable to Mooroolbark Early Childhood Education Centre**
- ☐ **Copy of your child's Birth Certificate (see Conditions of Enrolment point 3)**
- ☐ **Copy of your child's up-to-date Immunisation Statement from Medicare (see Conditions of Enrolment Point 7)**

**Completed applications (which include all of the documents/items listed above)
may be returned to :**

The Enrolment Officer – Three Year Old Kindergarten

M.E.C.E.C

P.O. Box 37, Mooroolbark VIC 3138

OR DIRECTLY leave the completed application in the FEES postbox located in the M.E.C.E.C lobby.

Please ensure that applications posted in the FEES postbox are first time and date stamped by a Committee or Staff Member.

* Cash payments can only be made if it is directly deposited into the Fees postbox at the Centre. Please do NOT post cash payments.

* Payments are non-refundable and non transferable

1. CHILD'S DETAILS

Given Names:		Family Name:	
Date of Birth:		Male / Female	(please circle)

2. FAMILY DETAILS

PARENT/GUARDIAN 1: Given names:		Family name:	
PARENT/GUARDIAN 2: Given names:		Family name:	
Residential Address: (Street address ONLY. 'PO Box' not accepted)	POSTCODE:		
Postal Address: (or "as above")	As above	POSTCODE:	
Telephone:	HOME: MOBILE:	WORK:	
Email address:	<i>*This may be used to inform you of the status of your application</i>		
Language spoken at home:		Do you require an interpreter?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Centre Details

8 Charles Street (PO Box 37) Mooroolbark Vic 3138

Ph: (03) 9726 7392 Fax: (03) 9727 2484

Email: mooroolbark.cc@kindergarten.vic.gov.auWebsite: www.meccec.com.au

MANDATORY PRIORITY OF ACCESS				Please Circle Below	
Early Start Kindergarten or Access to Early Learning, known to Child First/ Protection:				YES / NO	
Asylum Seeker or Refugee Visa:				YES / NO	
Health Care Card or Pension Card?		Exp. Date:		YES / NO	
Multiple Birth (twins or more):				YES / NO	
Aboriginal and/or Torres Strait Islander Background:				YES / NO	
Has your child:	Attended Early Childhood Intervention Services?		YES / NO	Year:	
	Attended M.E.C.E.C 3 Year Old Program?			Year:	
	Attended M.E.C.E.C Toddler Program?			Year:	
Please indicate if your child has a developmental delay, disability, allergies or other special needs:					
Siblings:	Names:		Ages:		
	Names:		Ages:		
Please provide details of any siblings past/currently attending M.E.C.E.C:					
Year:		Names:		Group:	
Year:		Names:		Group:	
Would you be interested in joining the parent Committee of Management? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Delayed Start Option: 3 Year Old & Toddler Group Programs Only Please choose one of the following options regarding the reservation of your child's place in their class. <input type="checkbox"/> I choose to reserve my child's place in their class and pay the applicable term fees, regardless of commencement date. OR <input type="checkbox"/> I choose to NOT reserve my child's place in the class and understand that only if a place is available when my child is ready to commence, it will be offered.					
THESE ARE THE PROPOSED GROUPS FOR 2021: <i>Please indicate your group preference in numerical order i.e.: mark first preference box with a 1, second with a 2.</i>					
	Rosellas	Thursday	12.00pm -3.00pm (3 hours)		
	Echidnas (Rising 4's)	Monday	12.00pm- 2.30pm (2.5 hours)		
		Tuesday	9.30am – 12.00pm (2.5 hours)		
		***Please note, this group is designed to meet the needs of older children. Positions will be allocated according to age and enrolment criteria (as listed on accompanying information).			
You may state the reasons for your preferred group on a separate piece of paper and attach it to this application. All reasons will be considered but please note that it <u>does not</u> guarantee your preferred group.					
Each Application MUST be accompanied by a copy of the child's Birth Certificate and an up-to-date Immunisation History Statement (Medicare).					
I DECLARE THAT ALL INFORMATION PROVIDED IS TRUE AND CORRECT:					

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Website: www.meccec.com.au

Signature of Parent/Guardian:**Date:****Office Use Only**

Application for Year 2021

Child's name:			Date AND time application received:	
Application Fee paid - \$10	<input type="checkbox"/>	Cash / Cheque / Money Order / Direct Deposit	Date paid:	
Birth Certificate received/checked?		Application Receipt No:		
Entered by Staff/Committee (Signature)				
Submission of form by (full name):			Signature:	

Quick Survey

Please take the time to complete the survey below.

1. How did you find out about Mooroolbark Early Childhood Education Centre (MECEC) (Please tick one and provide details if possible)

☐ Word of Mouth☐ Community event☐ Local schools☐ Internet☐ Local Council☐ Brochure☐ Other: _____

2. Why did you select MECEC for your child? (Tick as many as you like)

☐ Older sibling attended☐ Close to home☐ Close to childcare☐ Close to public transport☐ Close to the school that your child will attend☐ Recommended by family or friends☐ Type of sessions offered☐ Experience of staff☐ Quality of kinder program☐ General appearance of Centre☐ Cost of attending – fees☐ Reputation of the kinder

3. Please rate the adequacy of pre-enrolment information received.

Excellent

Satisfactory

Unsatisfactory

4. Please provide any other feedback below:

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