Entry into 3 year old kindergarten does not guarantee a place in the 4 year old kindergarten program.

4 year old enrolments should be made directly to your local government.
For more information visit your local council website or the ECMS website www.ecms.org.au

Any questions please contact ECMS Enrolment Officer on ph: (03) 84811117.
GREENSBOROUGH PRESCHOOL
THREE (3) YEAR OLD
ENROLMENT APPLICATION

Early Childhood Management Services
PO Box 182,
Northcote Vic 3070
Ph: (03) 8481 1100

Greensborough Preschool
17-19 Ester Street
Greensborough 3088
Ph: (03) 9434 4645

Please make sure that you complete all sections on this form, otherwise we will be unable to process your application and it will be returned to you.

Year requested for attendance: ____________________________
Application no: __________________
Date rec: __________/________/_______

Child’s given name: ____________________________ Child’s family name: ____________________________

Address: ________________________________________________________________
______________________________________________________________
______________________________________________________________
Postcode: __________________

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

Parents/guardians given name: ____________________________ Family name: ____________________________

Relationship to child: ☐ Mother ☐ Father ☐ Guardian

Home phone number: ____________________________ Business: ____________________________

Mobile number: ____________________________ Email: ____________________________

Language spoken at home: ____________________________

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

Specific Needs/ Medical Conditions - Completing the following information will help Educators ensure a smooth transition into the service for your child. Are you concerned about any aspects of your child’s development? (i.e. speech/hearing/ fine motor skills/ social or emotional development/allergies/other medical conditions?

☐ Yes ☐ No Please give details:

______________________________________________________________

Please notify ECMS of any changes to your address or other relevant information on Ph: 8481 1117
Fax: 9445 0346 or email: enrolments@ecms.org.au

Print name of parent/guardian: __________________________________________

Signature of parent/guardian: __________________________________________

Payment of administration fees. Payment can be made by either:-

Cheque ☐ No. ________________ Bank __________________________

Money order ☐ No. __________________________

Credit card details :- ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Expiry date _____/_____/_______ Card holders signature: __________________________
