



The Hills Community
KINDERGARTEN

43 Roxborough Park Rd
Castle Hill NSW 2154

Phone | 02 9639 2070

PO BOX 152, Baulkham Hills NSW 1755

Email | thehills.kindy@bigpond.com

www.thehillscommunitykindergarten.com.au

REGISTRATION INFORMATION

The Hills Community Kindergarten is an Incorporated Association managed by a committee elected annually from its members, mainly parents of children attending the Kindergarten or on the Waiting List.

Parents or guardians wishing to register their children are required to become financial members of the Kindergarten Association. The Membership Fee is \$10.00 (incl. GST).

Children must be **two years of age** before their name can be placed on our Waiting List. The Waiting List Registration Fee is \$10.00 per child (GST Free).

These fees are non-refundable once the application for membership has been approved.

It is expected that all parents support the affairs of the Kindergarten in whatever way they can.

A place on the Waiting List does not guarantee a position in the Kindergarten. Places are filled in order of receipt of application into age appropriate classes, but only so long as the requirements and conditions set down by the Department of Education & Communities are being met.

Placement of children with additional needs, eg. children identified as having:

- * a disability
- * a developmental delay
- * English language needs

will be given careful consideration to ensure:

- a) we can adequately and appropriately meet the needs of the child using the available resources.
- b) appropriate quality pre-school education can be maintained for each and every child who attends the pre-school.

To assist the Director in assessing each child's needs, parents are required to advise of any concerns they may have about their child's development at the time of application for placement and at any subsequent time before and after enrolment.

If you feel your child may have additional needs while attending pre-school, please feel welcome to discuss these with the Director, Mrs. Allison McCartney, so that your application can be endorsed accordingly.

In order to keep our records accurate and up to date it will be necessary for you to advise us, as soon as possible, of any changes to any details provided at the time of this Application.



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APPLICATION FOR MEMBERSHIP (\$10)

I, (Mr / Mrs / Ms) _____
(please circle) (Given Name) (Surname)

hereby apply to become a member of **The Hills Community Kindergarten Incorporated** (Incorporated under the Associations Incorporation Act, 2009).

In the event of my admission as a member, I agree to be bound by The Hills Community Kindergarten Constitution.

Membership will automatically cease when my child is no longer eligible for pre-school and I have no other children on the waiting list.

Preferred Name:

Address:

Suburb:Postcode:

Home Phone No.: Mobile:

Email: Occupation:

Signature of Applicant: Date: / /

Cost: \$10 per member plus \$10 for each child registered.

OFFICE USE ONLY

| | | | | | |
|-------------------------|-----|-----------------------------------|-----------------|----|---------------------|
| Received by Association | / / | Order: | Amount Received | \$ | Cash / Chq / EFT |
| Approved by Association | / / | Membership & Registration Entered | / / | | Emailed receipt / / |

Subsequent Applications for enrolment of siblings:

| | | | | | |
|-------------------------|-----|------------------|-----------------|----|------------------|
| Received by Association | / / | Order: | Amount Received | \$ | Cash / Chq / EFT |
| Registration Entered | / / | Emailed receipt: | / / | | Child's name: |

| | | | | | |
|-------------------------|-----|------------------|-----------------|----|------------------|
| Received by Association | / / | Order: | Amount Received | \$ | Cash / Chq / EFT |
| Registration Entered | / / | Emailed receipt: | / / | | Child's name: |