Kindergarten Outreach Support Program



Merri-bek City Council – Referral Form

Privacy Statement

Council is committed to protecting the confidentiality of your records. The information recorded is collected and maintained in accordance with the Information Privacy Act 2002 and the Health Records Act 2001.

2001.

Referral Date: Click or tap to enter a date.

Child's Information:					
First Name:	Surname:		DOB:	DOB:	
Country of birth:	Language spoken at ho		Gender:		
Parent/ Guardian Information:					
First Name:		Surname:			
Phone Number:		Email Address:			
Residential Address:		Language spoken at home: Interpreter Required: Yes □ No□			
Referring Agency/Service:					
Services/supports child/family is alrechildcare programs, Family Day Care and number):	=			~	
la tha Child					
 Is the Child Known to Child Protection, or Is Aboriginal and/or Torres St background, or Is from a refugee or asylum s background. 	rait Islander	Yes □ Yes □ Yes□	No□ No□ No□		

Any Concession Cards:				
Visa/Residency status:				
Any additional details:				
Parent/Guardian consent:				
I give permission for this referral form to be shared with Maternal Child Health Team, Immunisation Team and Children Services Team within the Merri-bek City Council if required. Yes \square No \square				
and support me and my child and contact the	I that my child's enrolment will be reviewed in			
X				
Parent/Guardian Signature				
Please return this form to:				
Kindergarten Outreach Officer				
Children's Services Resource Unit				
Merri-bek City Council				
90 Bell Street				
COBURG 3058				
	NEIDENTIAL E "			
If posting referral form, please mark envelope CO	NFIDENTIAL or Email:			
Madeeha Khalil	Tania Sangiorgio			
Kindergarten Outreach Officer	Kindergarten Outreach Officer			
mkhalil@merri-bek.vic.gov.au	tsangiorgio@merri-bek.vic.gov.au			
M: 0438 748 325	M: 0404 853 609			
Ph: 03 9304 9753				