



DREAM HIGH LEARNING INSTITUTE & COUNSELLING

KINDERGARTEN APPLICATION FORM

Little Stars Learning Centre • Toddler care, pre-kindergarten and kindergarten

PRIVACY NOTE

This form becomes confidential once completed. DHLIC will use the information only for admission, learner support, safety and required administration.

01 / APPLICATION DETAILS

Year of enrolment	
Class applied for	☐ Toddler care (1-2) ☐ Pre-kindergarten (3-4) ☐ Kindergarten (5-6)
Preferred start date	
Attendance	☐ Full-time ☐ Part-time ☐ Other: _____



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Learner information

02 / LEARNER INFORMATION

Surname	
First and preferred names	
Date of birth / ID or passport number	
Sex / gender	
Nationality	
Primary language(s)	
Residential address	
Previous school / learning centre	
Current class / last class completed	



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Parent and guardian information

03 / PARENT OR GUARDIAN 1

Full name	
Relationship to learner	
Occupation / organisation	
Mobile number	
Email address	
Residential address	

04 / PARENT OR GUARDIAN 2

Full name	
Relationship to learner	
Occupation / organisation	
Mobile number	
Email address	
Residential address	



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Health, safety and learner support

05 / EMERGENCY CONTACTS

Alternative emergency contact	
Relationship to learner	
Mobile number	
Family doctor / practice	
Doctor's telephone number	

06 / HEALTH INFORMATION

☐ Allergies	☐ Medication
☐ Respiratory condition	☐ Skin condition
☐ Hearing difficulty	☐ Vision support / glasses
☐ Mobility support	☐ Dietary requirement

Please describe every item selected above	
Medication instructions	
Medical aid / insurance (optional)	
Any activity limitations	



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Learning, behaviour and wellbeing

07 / LEARNING, BEHAVIOUR AND WELLBEING

Known learning or developmental support needs	
Current professional or classroom support	
Interests, strengths or special talents	
Behavioural or emotional support information	
Other information that will help us care for the learner	

SUPPORT COMMITMENT

DHLIC will discuss reasonable support with the family after reviewing the learner's needs. Where specialist support is required beyond DHLIC's capacity, the family may be referred to an appropriate provider.



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Authorisations, declaration and office use

08 / AUTHORISED COLLECTION

Person 1: full name and relationship	
Person 1: mobile and ID number	
Person 2: full name and relationship	
Person 2: mobile and ID number	

09 / PERMISSIONS

☐ Emergency first aid while a guardian is contacted
☐ Participation in supervised learning activities
☐ Internal photographs for learner records
☐ External photographs / video for DHLIC publicity (optional)

For each permission above, write YES or NO beside the item. Publicity consent is optional and may be withdrawn in writing without affecting admission.

10 / APPLICATION CHECKLIST

☐ Completed and signed application form	☐ Copy of learner's birth certificate / ID / passport
☐ Copy of parent or guardian ID	☐ Recent passport-size photo
☐ Relevant medical or support report, where applicable	☐ Most recent school report, where applicable



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Declaration and office use

11 / DECLARATION

I confirm that the information provided is complete and accurate. I understand that admission is subject to review, available capacity and completion of DHLIC's enrolment requirements. I undertake to notify DHLIC if any health, contact, custody or collection information changes.

Signature: _____

Signature: _____

Parent / guardian

DHLIC admissions official

Date: _____

Date: _____

12 / FOR OFFICE USE ONLY

Application received	
Interview / assessment date	
Decision	☐ Admitted ☐ Wait-listed ☐ Not admitted
Class / learner number	
Conditions / support plan	
Admissions officer	

PAYMENT SECURITY

Application and fee instructions are issued by DHLIC after verification. Always confirm banking details directly with the admissions office before making payment.