

Hobsons Bay **FOUR YEAR OLD KINDERGARTEN REGISTRATION FORM**



Did you know you can register online?

Go to kinders.hobsonsbay.vic.gov.au/Public/Login.aspx and create an account now!

By registering online you can view, update and change your preferences at any time.

Hobsons Bay City Council provides a Kindergarten Central Registration Scheme on behalf of 18 participating local community managed kindergartens. Council's Central Registration Scheme allows families to submit one registration form indicating their preferences for a number of kindergartens, rather than having to apply for each individual service. A list of participating services is attached to this form.

Registrations will be accepted on or any time after your child's second birthday.

Please note that your child must turn 4 years of age by April 30 in the year of attendance.

To ensure Council is able to process your child's registration please ensure:

- All sections of this form are completed
- All relevant supporting documentation is provided
- The non-refundable administration charge of \$22.00 per form is included with your application.
Please note: This fee is waived for Health Care Card and subsidy cards/visa holders as listed on page 4.

Your completed registration form and administration fee (if applicable) can be lodged with Hobsons Bay City Council *in person* at 115 Civic Parade, Altona; *by post* to PO Box 21, Altona 3018 or *by email* at kindergarten@hobsonsbay.vic.gov.au

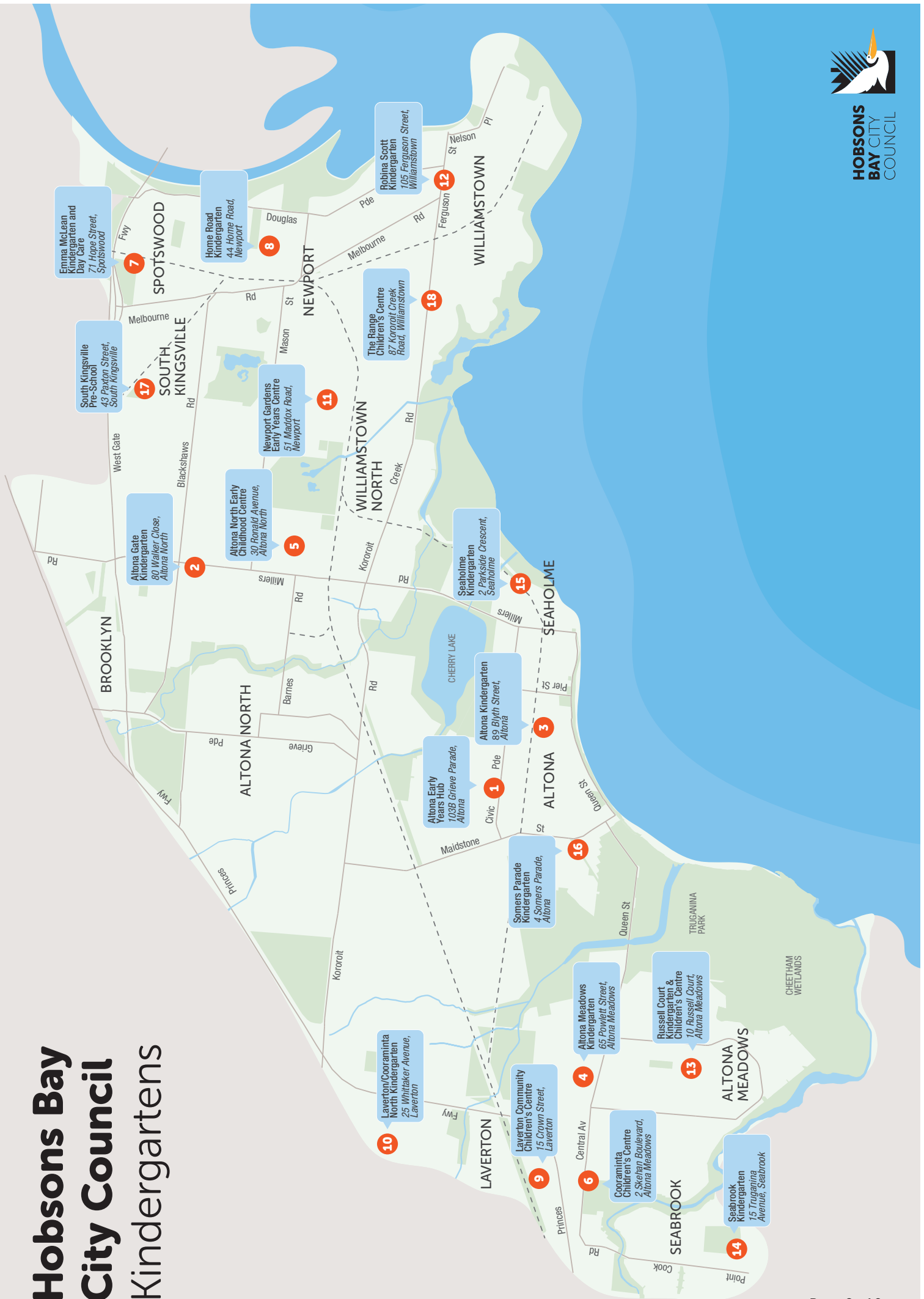
Please be aware that completion of this form does not guarantee a place at your preferred kindergarten/s. For further information on the registration and allocation process for kindergarten please visit our website. www.hobsonsbay.vic.gov.au. Other services that also offer a funded kindergarten program, but are not part of Council's Central Registration Scheme, are listed on our website.



Hobsons Bay City Council Kindergartens



**HOBSONS
BAY CITY
COUNCIL**



1. CHILD'S DETAILS

Given Name/s (as stated on Birth Certificate):

Year Attending:

Family Name:

Gender: Male Female

Date of birth (DD/MM/YYYY):

Country of birth:

Language/s spoken at home:

Child lives with: Parent/s Foster carer Informal/Formal Kinship carer

Other:

Does your child have additional needs or a diagnosed disability?

Yes No

If yes, please provide details. A Referral letter/letters from a health professional (or pre-school field officer, MCH nurse, early childhood intervention service, NDIS) must be attached to this enrolment in relation to the child's additional needs as indicated by you. Providing these details enables kindergartens to plan support for your child.

Does your child hold a Child Disability Health Care Card?

Yes No

Are there any court orders or parenting plans in place relating to this child?

Please provide a copy of the current court order or intervention order.

Yes No

Answers to the following questions may mean your child is eligible for free or low cost kindergarten.

Is your child of Australian Aboriginal or Torres Strait Islander descent?

Yes No

Yes, Australian Aboriginal

Yes, Torres Strait Islander

Yes, both Australian Aboriginal and Torres Strait Islander

Has your child had any involvement with ChildFIRST or child protection?

Yes No

2. PARENT/GUARDIAN DETAILS

Parent/Guardian 1 **First point of contact*

Given Name:

Family Name/Surname:

Relationship to child:

Residential Address:

Suburb:

Postcode:

Contact numbers: Mobile:

Work:

Home:

Email address (please print clearly):

Country of birth:

What is your first language?

Do you require an interpreter?

Yes

No

Parent/Guardian 2 (if applicable)

Given Name:

Family Name/Surname:

Relationship to child:

Residential Address:

Suburb:

Postcode:

Contact numbers: Mobile:

Work:

Home:

Email address (please print clearly):

Country of birth:

What is your first language?

Do you require an interpreter?

Yes

No

3. PRIORITY OF ACCESS

Are you a ratepayer of Hobsons Bay?

Yes No

Please provide the property address if different from your residential address.

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Are you a resident, but not a ratepayer of Hobsons Bay?

Yes No

Please supply proof of residency (eg utilities bill, rental agreement) if not a ratepayer.

If you are not a resident or rate payer of Hobsons Bay, please answer the following three questions:

Is your child attending formal care a minimum of 2 days/week in Hobsons Bay?

Yes No

If formal, please provide a letter from the registered provider or current receipt.

Is your child attending informal care a minimum of 2 days/week in Hobsons Bay?

Yes No

If informal, (eg child care provided by nannies, friends or relatives) please provide a Statutory Declaration and proof of carer's residency.

Do you or parent/guardian 2 work or study within the Hobsons Bay municipality a minimum of 2 days per week?

Yes No

If yes, please provide a current pay slip or letter from your employer or evidence of your course enrolment.

Is this child or a parent/legal guardian a Refugee or Asylum Seeker?
ie, hold one of the following Visas:

Yes No

Refugee or Asylum Seeker visa (200, 201, 202, 203, 204, 786, 790 or 866)

Bridging Visas for any of the above Refugee or Asylum Seeker visas

ImmiCard

Has your child previously attended a kindergarten program through Early Start Kindergarten funding?

Yes No

Is your child currently attending a three-year-old kindergarten program or educational program at your preferred Kindergarten?

Yes No

Is your child a multiple birth sibling?

Yes No

3. PRIORITY OF ACCESS *(continued)*

Did your child's sibling previously attend the service you have chosen as your first preference in the last 2 years?

Yes No

Please provide sibling's name and relevant year.

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Do you, parent/guardian 2 or your child hold any of the following Subsidy Cards or Visas?
If yes, please provide a copy of the card with this form

Yes No

A Commonwealth Health Care Card

A Commonwealth Pensioner Concession Card

A Department of Veterans' Affairs Gold Card or White Card

Refugee visa (subclass 200)

In-country Special Humanitarian visa (subclass 201)

Global Special Humanitarian visa (subclass 202)

Temporary Humanitarian Concern visa (subclass 786)

Protection visa (subclass 866)

Emergency Rescue visa (subclass 203)

Woman at risk visa (subclass 204)

Bridging visas A-E

4. KINDERGARTEN PREFERENCES

Please select up to 5 kindergartens you would be prepared to accept a place for your child if offered. Please number 1 to 5, with 1 being your most preferred service. Please note only services listed in this table are participating in Hobsons Bay Registration Scheme. Please use our local map on page 2 as a guide to kindergarten locations.

REF ON MAP	SERVICE NAME	LOCATION	PHONE	PREFERENCE (1, 2, 3, 4 OR 5)
1	Altona Early Years Hub	103B Grieve Parade, Altona	9315 0295	
2	Altona Gate Kindergarten	80 Walker Close, Altona North	9314 7895	
3	Altona Kindergarten	89 Blyth Street, Altona	9398 2839	
4	Altona Meadows Kindergarten	65 Powlett Street, Altona Meadows	9369 3346	
5	Altona North Early Childhood Centre	30 Ronald Avenue, Altona North	9398 0772	
6	Cooraminta Children's Centre	2 Skehan Boulevard, Altona Meadow	9315 7677	
7	Emma McLean Kindergarten and Daycare	71 Hope Street, Spotswood	9391 1415	
8	Home Road Kindergarten	44 Home Road, Newport	9391 2958	
9	Laverton Community Children's Centre	15 Crown Street, Laverton	9360 0964	
10	Laverton/Cooraminta North Kindergarten	25 Whittaker Avenue, Laverton	9369 2815	
11	Newport Gardens Early Years Centre	51 Maddox Road, Newport	9391 0294	
12	Robina Scott Kindergarten	105 Ferguson Street, Williamstown	9397 6902	
13	Russell Court Kindergarten and Children's Centre	10 Russell Court, Altona Meadows	9315 6932	
14	Seabrook Kindergarten	15 Truganina Avenue, Seabrook	9395 3012	
15	Seaholme Kindergarten	2 Parkside Crescent, Altona	9398 1216	
16	Somers Parade Kindergarten	4 Somers Parade, Altona	9398 1526	
17	South Kingsville Pre-School	43 Paxton Street, South Kingsville	9391 9780	
18	The Range Children's Centre	87 Kororoit Creek Road, Williamstown	9397 8244	

5. REGISTRATION AND PAYMENT CHECKLIST

Have you attached the following supporting documents to this form?

ATTACHMENTS	CHECK ✓
My child's birth certificate, birth extract or passport	
Proof of residence for Hobsons Bay residents – current utilities bill, rates notice or rental agreement with name and address clearly identified	
Proof of Care or employment/study within Hobsons Bay for non- residents	
A copy of subsidy cards/visas eg Health Care Card or others listed in Section 3, Priority of Access.	
Other supporting documents eg letters from Medical Practitioners, Health Providers, court orders or forms required for Priority of Access eg intervention/ family support services	
I have enclosed a receipt for payment of the \$22 non – refundable registration fee per child received at Council, 115 Civic Parade Altona (eligible card holders exempt). For Credit Card payments please complete payment slip at the bottom of this page.	

6. PRIVACY STATEMENT

Hobsons Bay is committed to protecting your privacy. The personal information requested on this form is being collected by the Hobsons Bay City Council for the purpose of kindergarten allocation and to support the planning and provision of appropriate kindergarten and/or Early Years Services for your child/ren. This information will be used for Council administrative purposes and provided only to parties directly involved with the provision of care to your child/ren, except as required by law. As a result of providing this information you may also receive updates from Council regarding other early years services and events including, but not limited to, maternal & child health, playgroups and parent information sessions. Your information will not be provided to other parties for this purpose. You may access your information by contacting Council's Early Years Team on 9932 1000.

7. PAYMENT

Credit card charge for the amount of \$22.00 for payment of Kindergarten Central Registration lodgement fee.

Credit card details

MasterCard

Visa

- - -

Expiry Date (MM/YY):

/

Card holder's name (please print): _____

Card holder's signature: _____

Receipt required: Yes / No

(Office use only)

Birth Certificate Other proof

Council Officer _____

Date _____

Receipt No _____

Note: Hobsons Bay City Council is collecting this information for the purpose of processing your payment. It is not disclosed to anyone outside Council but may be accessed by you upon request.