

**EARLY START KINDERGARTEN REGISTRATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| If you require assistance with this document, the information can be translated by contacting **Translating and Interpreting Services on 131 450.**  (Ask to be connected to Wyndham City on 1300 370 567) | | If you have any further questions, please contact Child and Family Support on 1300 370 567. | |
| **OFFICE USE ONLY** | | | |
| Date and location received: | Registration Number: | | Date Recorded in KIM system: |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COMPLETING THIS FORM** | | | | | | | | | | | | | | | | | | | | |
|  | **Step 1** | Fill in all sections. | | | | | | | | | | | | | | | | | | |
|  | **Step 2** | Return the registration form to **Kindergartenreferrals@wyndham.vic.gov.au**  If you are unable to email this form, please contact Child and Family Support on 1300 370 567 | | | | | | | | | | | | | | | | | | |
|  | **Step 3** | A Wyndham City staff member will contact the parent/guardian/case worker within 3 business days with a list of kindergarten group vacancies. | | | | | | | | | | | | | | | | | | |
|  | **Step 4** | Parent/guardian/case worker accepts or declines kindergarten placement. Parent/guardian/case worker will be advised of other options if required. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **KINDERGARTEN REGISTRATION INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| **Early Start Kindergarten (ESK) provides free kindergarten to eligible three-year-old children in either a three-year-old or four-year-old Kindergarten program (*subject to availability*). Children are eligible for Early Start Kindergarten if they meet one or more of the following criteria:**  Is your child of Australian Aboriginal or Torres Strait Islander descent? *(Please tick one box only)* | | | | | | | | | | | | | | | | | | | | |
| 🞏 No | | | | | | | | 🞏 Yes, Australian Aboriginal | | | | | | | | | | | | |
| 🞏 Yes, both Australian Aboriginal and Torres Strait Islander | | | | | | | | 🞏 Yes, Torres Strait Islander | | | | | | | | | | | | |
| Do you or your child have Refugee or Asylum Seeker status? | | | | | | | | | | | | | | | | | | 🞏 Yes | | 🞏 No |
| *Eligible Visa Subclasses: 200, 201, 202, 203, 204, 449, 785, 786, 790, 866, Bridging visa for any of the previously listed visas, ImmiCard.* | | | | | | | | | | | | | | | | | | | | |
| Is your child or family known to Child Protection (or been referred from Child Protection to Child FIRST)? | | | | | | | | | | | | | | | | | | 🞏 Yes | | 🞏 No |
| Is your child in Out-of-home care? | | | | | | | | | | | | | | | | | | 🞏 Yes | | 🞏 No |
| *Out-of-home care is the term used to describe the placement of children away from their parents due to concerns that they are at risk of significant harm.* | | | | | | | | | | | | | | | | | | | | |
| I would like to register my child to attend Early Start Kindergarten in \_\_\_\_\_\_\_\_ *(Year attending)* | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **CHILD’S DETAILS** | | | | | | | | | | | | | | | | | | | | |
| **Given Names:** | | | | | | | | **Family Name/Surname:** | | | | | | | | | | | | |
| **Date of Birth (dd/mm/yy):** | | | | | | **Gender:** | | | 🞏 Male | | | | 🞏 Female | | | 🞏 or specify: ­­\_\_\_\_\_\_\_\_\_ | | | | |
| **PARENT / LEGAL GUARDIAN DETAILS** | | | | | | | | | | | | | | | | | | | | |
| **Given Name:** | | | | | | | **Family Name / Surname:** | | | | | | | | | | | | | |
| **Date of Birth (dd/mm/yy):** | | | | | | |  | | | |  | | |  | | |  | | | |
| **Address:** | | | | | | | **Suburb:** | | | | | | | | **Postcode:** | | | | | |
| **Relationship to child:** | | | | | | | **Email:** | | | | | | | | | | | | | |
| **Telephone:** | | | | | | | | | | | | | | | | | | | | |
| **Interpreter Required:** | | | 🞏 Yes | | 🞏 No | | **Language** *(if an interpreter is required)***:** | | | | | | | | | | | | | |
| **Model of Transport:** | | | | 🞏 Public Transport | | | 🞏 Car | | | 🞏 Other | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **AGENCY DETAILS *(if applicable)*** | | | | | | | | | | | | | | | | | | | | |
| **Case Worker Name:** | | | | | | | | **Referring Agency Name:** | | | | | | | | | | | | |
| **Case Worker Telephone:** | | | | | | | | | | | | | | | | | | | | |
| **Case Worker Email Address:** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **PRIVACY NOTIFICATION** | | | | | | | | | | | | | | | | | | | | |
| Wyndham City Council is bound by the *Privacy and Data Protection Act* 2014 and the *Health Records Act* 2001. Your consent is required for the collection and use of your personal and/or health information and that of your child. The personal and health information requested on this form is being collected by Council for the purpose of planning and delivering proper health and developmental care and education services to your child while obtaining and/or attending Wyndham services (which includes MCH, Kindergarten, PFSO Services). The information will be used by Council and it may be shared with Educators, early intervention, health and welfare service providers for the purposes mentioned. Your information will be stored in Council’s Customer Database and used to identify you when communicating with Council and for Council to deliver services and information to you. The information will only be disclosed to other persons or agencies if consented to by the parent; or the authorised guardian; or as permitted by law. For further information on how your personal and health information will be handled, see Council’s Privacy Policy on its website. Authorised parents and guardians may apply for access and/or amendment of the information. Requests for access and/or amendment of the information should be made in writing to Council’s Privacy Officer. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **AUTHORISATIONS** | | | | | | | | | | | | | | | | | | | | |
| I declare that information contained in this registration is true and correct. I consent to the collection and use of personal and health information on this form as outlined above in the Privacy Notification section. | | | | | | | | | | | | | | | | | | | | |
| **Parent / Guardian Signature:** | | | | | | | | **Date:** | | | | / | | | / | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| *The collection and handling of personal information is in accordance with Council’s Privacy Policy which is displayed on Council’s website and available for inspection at, or collection from, Council’s Civic Centre or Community Centres* | | | | | | | | | | | | | | | | | | | | |