

**4 YEAR-OLD KINDERGARTEN APPLICATION FORM 2018**

***(First round closing date 28th April 2017)***

***Be sure to collect a copy of the Enrolment Information Booklet for further information on the enrolment process***

*Please complete all sections of this application form. Failing to do so may result in Council being unable to process your application and may be returned to you.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please inform the enrolment staff immediately of any changes to this information by sending an email to** [**kinderenrolments@wyndham.vic.gov.au**](mailto:kinderenrolments@wyndham.vic.gov.au) **or by calling 9742 8147. E.g. New address, telephone number/s, etc.** | | | | | | | | | | | | | | | | |
| **CHILD’S DETAILS:** | | | | | | | | | | | | | | | | |
| Child’s Given Name: | | | | | | | Child’s Middle Name: | | | | | | | | | |
| Child’s Surname/Family Name: | | | | | | | Child’s Preferred Name: | | | | | | | | | |
| Child’s Date of Birth: / / | | | | | | | Gender: 🞏 Male 🞏 Female 🞏 Other | | | | | | | | | |
| Home Address: | | | | | | | Suburb: | | | | | | | | Postcode: | |
| Language(s) Spoken at Home: | | | | | | | Country of Birth: | | | | | | | | | |
| Religion/Cultural Background: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **PREVIOUS YEAR:** | | | | | | | | | | | | | | | | |
| **Did your child attend a 4 year-old funded Kindergarten in 2017?** i.e. is this a second year application? | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
| **Did you withdraw your child from a funded kindergarten program before the end of Term 1 2017?** | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
| **Did your child attend a 3 year-old program in 2017?** | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
| *If yes, please provide the program name and location:* | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | |
| **KINDERGARTEN FEE SUBSIDY:** | | | | | | | | | | | | | | | | |
| **Do you have one of the following Cards/Visas listed below?** | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
| ***If yes, please include details below and provide a photocopy of your Card/Visa.*** | | | | | | | | | | | | | | | | |
| 🞏 Commonwealth Health Care Card | | | | | | | 🞏 Commonwealth Pensioner Concession Card | | | | | | | | | |
| 🞏 Department of Veterans’ Affairs Gold Card or White Card | | | | | | | 🞏 Global Special Humanitarian Visa (subclass 202) | | | | | | | | | |
| 🞏 In-Country Special Humanitarian Visa (subclass 201) | | | | | | | 🞏 Refugee Visa (subclass 200) | | | | | | | | | |
| 🞏 Temporary Humanitarian Concern Visa (subclass 786) | | | | | | | 🞏 Protection Visa (subclass 866) | | | | | | | | | |
| 🞏 Bridging Visa A – E | | | | | | | 🞏 Woman at Risk Visa (subclass 204) | | | | | | | | | |
| 🞏 Emergency Rescue Visa (subclass 203) | | | | | | |  | | | | | | | | | |
| **Card/Visa Number:** | | | | | | | **Expiry Date:** | | | | | | | | | |
| Sighted by *(Office Use Only)*: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **OFFICE USE ONLY:** | | | | | | | | | | | | | | | | |
| 🞏 **Application Fee of $40** *(Fee subject to change)*  *One payment of $40 is accepted for twins, triplets or siblings in the same year if forms are submitted at the same time*  🞏 **Birth Certificate / Passport Sighted**  🞏 **Proof of Residency / Working / Studying or Using Child Care within the City of Wyndham Sighted** | | | | | | | | | | | | | | | | |
| Application Number: | | | | Receipt Date: | | | | | | | | | Receipt Number: | | | |
| Validated & Sighted by (Customer Service Officer): | | | | | | | | | | | | | | | | |
| **PARENT / LEGAL GUARDIAN DETAILS:** *Please be advised all correspondence will be sent to Parent 1* | | | | | | | | | | | | | | | | |
| This form should be completed and signed by both parents and/or legal guardians of the child unless there is only one parent. | | | | | | | | | | | | | | | | |
| **Parent / Legal Guardian 1 Details:** | | | | | | | | | | | | | | | | |
| Title (please circle): Mr / Mrs / Ms / Miss / Dr / Other. Please specify: | | | | | | | | | | | | | | | | |
| Given Name: | | | | | | | Middle Name: | | | | | | | | | |
| Surname/Family Name: | | | | | | | Preferred Name: *(optional)* | | | | | | | | | |
| Date of Birth: / / | | | | | | | Gender: 🞏 Male 🞏 Female 🞏 Other *(optional)* | | | | | | | | | |
| Relationship to child: | | | | | | | Country of Birth: | | | | | | | | | |
| Does the child live with this parent/guardian? 🞏 Yes 🞏 No | | | | | | | | | | | | | | | | |
| Language spoken at home: | | | | | | | Interpreter Required: 🞏 Yes 🞏 No | | | | | | | | | |
| Email: | | | | | | | | | | | | | | | | |
| Telephone: Home: | | | | | Work: | | | | | | | | Mobile: | | | |
| Address: *(If same as child, please tick* 🞏*)* | | | | | | | Suburb: | | | | | | | | Postcode: | |
| Postal Address: *(if different from above)* | | | | | | | Suburb: | | | | | | | | Postcode: | |
| **Parent / Legal Guardian 2 Details:** | | | | | | | | | | | | | | | | |
| Title (please circle): Mr / Mrs / Ms / Miss / Dr / Other. Please specify: | | | | | | | | | | | | | | | | |
| Given Name: | | | | | | | Middle Name: | | | | | | | | | |
| Surname/Family Name: | | | | | | | Preferred Name: *(optional)* | | | | | | | | | |
| Date of Birth: / / | | | | | | | Gender: 🞏 Male 🞏 Female 🞏 Other *(optional)* | | | | | | | | | |
| Relationship to child: | | | | | | | Country of Birth: | | | | | | | | | |
| Does the child live with this parent/guardian? 🞏 Yes 🞏 No | | | | | | | | | | | | | | | | |
| Language spoken at home: | | | | | | | Interpreter Required: 🞏 Yes 🞏 No | | | | | | | | | |
| Email: | | | | | | | | | | | | | | | | |
| Telephone: Home: | | | | | Work: | | | | | | | Mobile: | | | | |
| Address: *(If same as child, please tick* 🞏*)* | | | | | | | Suburb: | | | | | | | | Postcode: | |
| Postal Address: *(if different from above)* | | | | | | | Suburb: | | | | | | | | Postcode: | |
|  | | | | | | | | | | | | | | | | |
| **LIVING, WORKING OR STUDYING IN WYNDHAM** | | | | | | | | | | | | | | | | |
| **Please tick which of these apply to you:**  🞏 **I/We live in Wyndham** *(please attach a copy of a rates notice, tenancy agreement or utilities invoice in your name)* | | | | | | | | | | | | | | | | |
| 🞏 **I/We are moving to Wyndham** *(please attach a copy of the building permit or rates notice in your name)* | | | | | | | | | | | | | | | | |
| 🞏 **I/We do not live in Wyndham, but I/we work/study in Wyndham for a minimum of 3 days per week** *(please attach a copy of your payslip or evidence of your school/university enrolment)* | | | | | | | | | | | | | | | | |
| 🞏 **I/We do not live in Wyndham, but my child attends child care in Wyndham for a minimum of 3 days per week** *(please attach a copy of your child care receipt)* | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **CHILD INFORMATION:** | | | | | | | | | | | | | | | | |
| **Is the child in an Out of Home Care arrangement (including kinship care)?** | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
| **Has your child had their 3.5 year-old Maternal and Child Health Check?** | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
| *If your child has not had their 3.5 year Maternal and Child Health check, please call 9742 8148 for an appointment.* | | | | | | | | | | | | | | | | |
| **Does your child have any of the following medical conditions?** | | | | | | | | | | | | | | | | |
| 🞏 Asthma 🞏 Epilepsy 🞏 Diabetes 🞏 Anaphylaxis | | | | | | | | | | | | | | | | |
| 🞏 Other *Please specify*: | | | | | | | | | | | | | | | | |
| **Has your child been given a diagnosis or are they awaiting a diagnosis?** | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
| *If yes, please provide details here and attach any relevant documentation.* | | | | | | | | | | | | | | | | |
| **To ensure that we are able to place your child in a service that best assists their needs, please answer the following questions about them:** | | | | | | | | | | | | | | | | |
| Is your child understood by others? | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
| Can your child share toys? | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
| Does your child respond to requests without protest? | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
| Does your child interact and talk to other children who speak the same language? | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
| Does your child interact and talk to other children of the same or similar age? | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
| Does your child ask questions? | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
| Does your child maintain eye contact? | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
| Does your child enjoy stories and books? | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
| Does your child enjoy being read to? | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
| Does your child separate well from you? | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
| Does your child run away from you? | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
| Do you have any concerns regarding your child’s hearing? | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
| Is your child a fussy eater? | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
| Does your child need assistance with being fed? | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
| Does your child need assistance with going to the toilet? | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
| Is there anything we need to know about how your child learns? | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
| Comment: | | | | | | | | | | | | | | | | |
| ***Please Note:*** *A Council Officer may call you to discuss your child’s medical condition(s) or development need(s) in further detail to assist in your child’s enrolment process.* | | | | | | | | | | | | | | | | |
| **Are there currently any specialist agencies involved with your child? E**.g. Noah’s Ark, Scope, RCH? | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
| *If yes, please provide contact details below and attach any relevant documentation.* | | | | | | | | | | | | | | | | |
| Agency & Contact Name:  Contact Number: | | | | | | |  | | | | | | | | | |
| **Is the Department of Health & Human Services (DHHS) or a similar support agency involved with your child?** | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
| *If yes, please provide contact details below and attach any relevant documentation.* | | | | | | | | | | | | | | | | |
| Agency & Contact Name:  Contact Number: | | | | | | | |  | | | | | | | | |
| **Are there any court orders, parenting orders or parenting plans in place?** | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
| *If yes, please attach any relevant documentation* | | | | | | | | | | | | | | | | |
| **Has your child previously received Early Start Kindergarten funding?** | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
| *If yes, please attach proof of enrolment.* | | | | | | | | | | | | | | | | |
| **Is your child of Australian Aboriginal or Torres Strait Islander descent?** *(Please tick one box only)* | | | | | | | | | | | | | | | | |
| 🞏 No | | | | | | | | | | | | | | | | |
| 🞏 Yes, Australian Aboriginal | | | | | | | | | | | | | | | | |
| 🞏 Yes, Torres Strait Islander | | | | | | | | | | | | | | | | |
| 🞏 Yes, both Australian Aboriginal and Torres Strait Islander | | | | | | | | | | | | | | | | |
| **Does your child have refugee or asylum seeker status?** | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
|  | | | | | | | | | | | | | | | | |
| **SIBLINGS:** | | | | | | | | | | | | | | | | |
| **Did any of your child’s siblings attend a Wyndham Kindergarten between 2015 and 2017** | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
| *If yes, please specify the name and year of your most recent enrolment.* | | | | | | | | | | | | | | | | |
| **Name:** | | | | | | | **Year of Attendance:** | | | | | | | | | |
| **Does your child have any siblings who will be attending Kindergarten in 2018?** | | | | | | | | | | | | | | | | 🞏 Yes 🞏 No |
| ***Please Note:*** *A separate form for each child needs to be completed*  🞏 Older/Younger Sibling 🞏 Twin 🞏 Triplets 🞏 Other. *Please specify*: | | | | | | | | | | | | | | | | |
| **Sibling’s Name:** | | | | | | | **Age:** | | | | | | **Gender** 🞏 Male 🞏 Female | | | |
| **Sibling’s Name:** | | | | | | | **Age:** | | | | | | **Gender** 🞏 Male 🞏 Female | | | |
| **Sibling’s Name:** | | | | | | | **Age:** | | | | | | **Gender** 🞏 Male 🞏 Female | | | |
| **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 in 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 both parents; or the authorised parent/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.  ***Please Note:*** Any documented proof of living, working, studying or using childcare in Wyndham is required to confirm your priority level when allocating Kindergarten places. If a copy is provided to Council, that document will be securely destroyed once sighted. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **2018 FEE SCHEDULE:** | | | | | | | | | |  | **INTERPRETER ASSISTANCE:** | | | | | |
| **Note:** Fees are subject to change in July each year in accordance with Council budget requirements  Council managed Kindergartens = $425.00 per term  ECMS (\*see overleaf) managed Kindergartens = $TBA  bestchance (\* see overleaf) managed Kindergartens = $440.00 per term  Any holders of a card/visa listed in the ‘Kindergarten Fee Subsidy’ section will not be required to pay fees. **The card/visa must be valid at the time of billing and kept current throughout the year for this to apply.** | | | | | | | | | |  | Call VITS 9280 1941 to access Interpreter Services, or refer to the back of the Enrolment Information Booklet regarding Translation and Interpreting Services. | | | | | |
|  |  | | | | | |
|  | **CONTACT:** | | | | | |
|  | If you require further assistance with completing this form, please contact the Kindergarten Enrolment Officer on 9742 8147. | | | | | |
|  | | | | | | | | | | | | | | | | |
| **COMMUNICATION FROM COUNCIL:** | | | | | | | | | | | | | | | | |
| **In an attempt to reduce paper use, and reduce the delay by posting mail, Wyndham City Kindergarten Services will send correspondence via email.** *Please tick this box should you wish to still receive correspondence via post* 🞏 | | | | | | | | | | | | | | | | |
| **SMS/Text updates will be utilised by Council in relation to the status of your enrolment application, invoice due dates, important events, key dates etc.** *Please tick this box if you do not wish to receive these* 🞏 | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **AUTHORISATIONS:** *Council requires signatures from both parents/legal guardians if they are listed on the form* | | | | | | | | | | | | | | | | |
| *I/We declare that information contained in this enrolment application is true and correct and undertake to immediately inform Kindergarten Services in the event of any change to the information. I consent to the collection and use of personal and health information on this form as outlined above in Privacy Notification.* | | | | | | | | | | | | | | | | |
| **Parent / Legal Guardian 1 Name:** | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | | | | | | Date: / / | | | |
| **Parent / Legal Guardian 2 Name:** | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | | | | | | Date: / / | | | |
|  | | | | | | | | | | | | | | | | |
| **HOW TO SUBMIT THIS FORM:** | | | | | | | | | | | | | | | | |
| Please sign and return this form with the above documentation and payment via any of the following methods:   * In person at the Civic Centre, 45 Princes Highway, Werribee; or * By mail to: Wyndham City Council, P.O. Box 197, Werribee 3030 ***(Cheque or money order only); o***r * By email to [kinderenrolments@wyndham.vic.gov.au](mailto:kinderenrolments@wyndham.vic.gov.au) | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **WHAT IS IMPORTANT TO YOU?** | | | | | | | | | | | | | | | | |
| **To assist Wyndham plan for future kindergarten services, please number from 1 - 5 what is important to you when looking for a Kindergarten for your child with 1 being the most important.**  ***Please Note:*** *This will not contribute to your current priority of access* | | | | | | | | | | | | | | | | |
|  | Location of Kindergarten to my home | | | | | | | | | | | | | | | |
|  | Attending 2 x 7½ hour days | | | | | | | | | | | | | | | |
|  | Attending 3 x 5 hour days | | | | | | | | | | | | | | | |
|  | Attending 4 x 3¾ hour days | | | | | | | | | | | | | | | |
|  | Having the option of attending kindergarten on a Saturday | | | | | | | | | | | | | | | |
| **HOW TO FILL IN YOUR PREFERENCES:** | | | | | | | | | | | | | | | | |
| * Number your preferences in order from 1 - 4 for groups **you are willing to accept.** If you are not willing to accept the kindergarten group **do not** select it.*(For an example, please see the Enrolment Information Booklet)* * Please select a maximum of **4** preferences. * Start with number 1 for your most preferred group. * PREFS = Preferences. **Please number your preferences, do not tick.** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **HOPPERS CROSSING KINDERGARTENS** | | | | | | | | | | | | | | | | |
| **KINDERGARTEN** | | **PREFS** | **GROUP** | | | **MONDAY** | | | **TUESDAY** | | | | **WEDNESDAY** | **THURSDAY** | | **FRIDAY** |
| **The Grange**  260-280 Hogans Road  Hoppers Crossing 3029 | |  | Red | | | 8:00 - 1:00 | | |  | | | | 8:00 - 1:00 |  | | 8:00 - 1:00 |
|  | Jade | | |  | | | 8:45 - 4:15 | | | |  | 8:45 - 4:15 | |  |
|  | Teal | | | 1:30 - 5:15 | | |  | | | | 1:30 - 5:15 |  | | 8:30 - 4:00 |
|  | Navy | | |  | | | 9:00 - 4:30 | | | |  | 9:00 - 4:30 | |  |
|  | Orange | | | 8:30 - 4:00 | | |  | | | | 8:30 - 4:00 |  | |  |
| **Karobran**  64 Spring Drive  Hoppers Crossing 3029 | |  | Red | | | 8:00 - 1:00 | | |  | | | | 8:00 - 1:00 |  | | 8:00 - 1:00 |
|  | Jade | | |  | | | 8:45 - 4:15 | | | |  | 8:45 - 4:15 | |  |
|  | Orange | | | 8:30 - 4:00 | | |  | | | | 8:30 - 4:00 |  | |  |
|  | Navy | | |  | | | 9:00 - 4:30 | | | |  | 9:00 - 4:30 | |  |
| **Mossfiel**  3A Guinane Avenue  Hoppers Crossing 3029 | |  | Red | | | 8:00 - 1:00 | | |  | | | | 8:00 - 1:00 |  | | 8:00 - 1:00 |
|  | White | | |  | | | 8:30 - 4:00 | | | |  | 8:30 - 4:00 | |  |
| **Wilmington**  7-13 Wilmington Avenue  Hoppers Crossing 3029 | |  | Red | | | 8:00 - 1:00 | | |  | | | | 8:00 - 1:00 |  | | 8:00 - 1:00 |
|  | Jade | | |  | | | 8:45 - 4:15 | | | |  | 8:45 - 4:15 | |  |
|  | Teal | | | 1:30 - 5:15 | | |  | | | | 1:30 - 5:15 |  | | 8:30 - 4:00 |
|  | Navy | | |  | | | 9:00 - 4:30 | | | |  | 9:00 - 4:30 | |  |
|  | Orange | | | 8:30 - 4:00 | | |  | | | | 8:30 - 4:00 |  | |  |
| **Woodville Park**  80 Woodville Park Drive  Hoppers Crossing 3029 | |  | Red | | | 8:00 - 1:00 | | |  | | | | 8:00 - 1:00 |  | | 8:00 – 1:00 |
|  | White | | |  | | | 8:30 - 4:00 | | | |  | 8:30 - 4:00 | |  |
| **Yerambooee**  55 Maple Crescent  Hoppers Crossing 3029 | |  | Red | | | 8:00 - 1:00 | | |  | | | | 8:00 - 1:00 |  | | 8:00 - 1:00 |
|  | Jade | | |  | | | 8:45 - 4:15 | | | |  | 8:45 - 4:15 | |  |
|  | Teal | | | 1:30 - 5:15 | | |  | | | | 1:30 - 5:15 |  | | 8:30 - 4:00 |
|  | Navy | | |  | | | 9:00 - 4:30 | | | |  | 9:00 - 4:30 | |  |
|  | Orange | | | 8:30 - 4:00 | | |  | | | | 8:30 - 4:00 |  | |  |
| **WERRIBEE KINDERGARTENS** | | | | | | | | | | | | | | | | |
| **College Road**  34 College Rd  Werribee 3030 | |  | Pink | | | 8:00 - 1:00 | | |  | | | | 12:00 - 5:00 |  | | 8:00 - 1:00 |
|  | Grape | | |  | | | 8:00 - 3:30 | | | |  | 8:00 - 3:30 | |  |
|  | White | | |  | | | 8:30 - 4:00 | | | |  | 8:30 - 4:00 | |  |
|  | Orange | | | 8:30 - 4:00 | | |  | | | | 8:30 - 4:00 |  | |  |
|  | Navy | | |  | | | 9:00 - 4:30 | | | |  | 9:00 - 4:30 | |  |
| **Dr Charles Prouse**  5 Osterley St  Werribee 3030 | |  | Red | | | 8:00 - 1:00 | | |  | | | | 8:00 - 1:00 |  | | 8:00 - 1:00 |
|  | White | | |  | | | 8:30 - 4:00 | | | |  | 8:30 - 4:00 | |  |
| **Heathdale**  55-57 Kookaburra Avenue  Werribee 3030 | |  | Red | | | 8:00 - 1:00 | | |  | | | | 8:00 - 1:00 |  | | 8:00 - 1:00 |
|  | Jade | | |  | | | 8:45 - 4:15 | | | |  | 8:45 - 4:15 | |  |
|  | Navy | | |  | | | 9:00 - 4:30 | | | |  | 9:00 - 4:30 | |  |
|  | Orange | | | 8:30 - 4:00 | | |  | | | | 8:30 - 4:00 |  | |  |
| **The Manor**  186 Werribee Street North  Werribee 3030 | |  | Red | | | 8:00 - 1:00 | | |  | | | | 8:00 - 1:00 |  | | 8:00 - 1:00 |
|  | White | | |  | | | 8:30 - 4:00 | | | |  | 8:30 - 4:00 | |  |
| **Thomas Chirnside**  85-95 Walls Rd  Werribee 3030 | |  | Red | | | 8:00 - 1:00 | | |  | | | | 8:00 - 1:00 |  | | 8:00 - 1:00 |
|  | Jade | | |  | | | 8:45 - 4:15 | | | |  | 8:45 - 4:15 | |  |
|  | Orange | | | 8:30 - 4:00 | | |  | | | | 8:30 - 4:00 |  | |  |
|  | Navy | | |  | | | 9:00 - 4:30 | | | |  | 9:00 - 4:30 | |  |
| **Riverdene**  29 Parramatta Road  Werribee 3030 | |  | Yellow | | | 8:30 - 1:30 | | |  | | | | 8:30 - 1:30 |  | | 8:30 - 1:30 |
| **MANOR LAKES KINDERGARTENS** | | | | | | | | | | | | | | | | |
| **Wyndham Vale**  86 Manor Lakes Blvd  Manor Lakes 3024 | |  | Red | | | 8:00 - 1:00 | | |  | | | | 8:00 - 1:00 |  | | 8:00 - 1:00 |
|  | Jade | | |  | | | 8:45 - 4:15 | | | |  | 8:45 - 4:15 | |  |
|  | Teal | | | 1:30 - 5:15 | | |  | | | | 1:30 - 5:15 |  | | 8:30 - 4:00 |
|  | Navy | | |  | | | 9:00 - 4:30 | | | |  | 9:00 - 4:30 | |  |
|  | Orange | | | 8:30 - 4:00 | | |  | | | | 8:30 - 4:00 |  | |  |
| **WYNDHAM VALE KINDERGARTENS** | | | | | | | | | | | | | | | | |
| **Iramoo**  60 Honour Ave  Wyndham Vale 3024 | |  | Red | | | 8:00 - 1:00 | | |  | | | | 8:00 - 1:00 |  | | 8:00 - 1:00 |
|  | Jade | | |  | | | 8:45-4:15 | | | |  | 8:45-4:15 | |  |
| **Vista Way**  7 Vista Way  Wyndham Vale 3024 | |  | Red | | | 8:00 - 1:00 | | |  | | | | 8:00 - 1:00 |  | | 8:00 - 1:00 |
|  | White | | |  | | | 8:30 - 4:00 | | | |  | 8:30 - 4:00 | |  |
| **LITTLE RIVER KINDERGARTENS** | | | | | | | | | | | | | | | | |
| **KINDERGARTEN** | | **PREFS** | **GROUP** | | | **MONDAY** | | | **TUESDAY** | | | | **WEDNESDAY** | **THURSDAY** | | **FRIDAY** |
| **Little River**  22 River Street  Little River 3211 | |  | Rose | | | 9:00 - 2:00 | | | 9:00 - 2:00 | | | | 9:00 - 2:00 |  | |  |
| **POINT COOK KINDERGARTENS** | | | | | | | | | | | | | | | | |
| **Alamanda \***  21 Prudence Pde  Point Cook 3030 | |  | Cherry | | | 8:00 - 1:00 | | |  | | | | 8:00 - 1:00 |  | | 12:00 - 5:00 |
|  | Grape | | |  | | | 8:00 - 3:30 | | | |  | 8:00 - 3:30 | |  |
|  | Navy | | |  | | | 9:00 - 4:30 | | | |  | 9:00 - 4:30 | |  |
|  | Orange | | | 8:30 - 4:00 | | |  | | | | 8:30 - 4:00 |  | |  |
|  | White | | |  | | | 8:30 - 4:00 | | | |  | 8:30 - 4:00 | |  |
|  | Pink | | | 8:00 - 1:00 | | |  | | | | 12:00 - 5:00 |  | | 8:00 - 1:00 |
| **Featherbrook**  33-35 Windorah Drive  Point Cook 3030 | |  | Cherry | | | 8:00 - 1:00 | | |  | | | | 8:00 - 1:00 |  | | 12:00 - 5:00 |
|  | Grape | | |  | | | 8:00 - 3:30 | | | |  | 8:00 - 3:30 | |  |
|  | Teal | | | 1:30 - 5:15 | | |  | | | | 1:30 - 5:15 |  | | 8:30 - 4:00 |
|  | Navy | | |  | | | 9:00 - 4:30 | | | |  | 9:00 - 4:30 | |  |
|  | Orange | | | 8:30 - 4:00 | | |  | | | | 8:30 - 4:00 |  | |  |
|  | White | | |  | | | 8:30 - 4:00 | | | |  | 8:30 - 4:00 | |  |
|  | Pink | | | 8:00 - 1:00 | | |  | | | | 12:00 - 5:00 |  | | 8:00 - 1:00 |
| **Jamieson Way**  59 Jamieson Way  Point Cook 3030 | |  | Red | | | 8:00 - 1:00 | | |  | | | | 8:00 - 1:00 |  | | 8:00 - 1:00 |
|  | Jade | | |  | | | 8:45 - 4:15 | | | |  | 8:45 - 4:15 | |  |
|  | Teal | | | 1:30 - 5:15 | | |  | | | | 1:30 - 5:15 |  | | 8:30 - 4:00 |
|  | Navy | | |  | | | 9:00 - 4:30 | | | |  | 9:00 - 4:30 | |  |
|  | Orange | | | 8:30 - 4:00 | | |  | | | | 8:30 - 4:00 |  | |  |
| **Point Cook CLC**  1-21 Cheetham Street  Point Cook 3030 | |  | Red | | | 8:00 - 1:00 | | |  | | | | 8:00 - 1:00 |  | | 8:00 - 1:00 |
|  | Jade | | |  | | | 8:45 - 4:15 | | | |  | 8:45 - 4:15 | |  |
|  | Teal | | | 1:30 - 5:15 | | |  | | | | 1:30 - 5:15 |  | | 8:30 - 4:00 |
|  | Navy | | |  | | | 9:00 - 4:30 | | | |  | 9:00 - 4:30 | |  |
|  | Orange | | | 8:30 - 4:00 | | |  | | | | 8:30 - 4:00 |  | |  |
| **Saltwater**  153 Saltwater Promenade  Point Cook 3030 | |  | Red | | | 8:00 - 1:00 | | |  | | | | 8:00 - 1:00 |  | | 8:00 - 1:00 |
|  | Jade | | |  | | | 8:45 - 4:15 | | | |  | 8:45 - 4:15 | |  |
|  | Orange | | | 8:30 - 4:00 | | |  | | | | 8:30 - 4:00 |  | |  |
|  | Navy | | |  | | | 9:00 - 4:30 | | | |  | 9:00 - 4:30 | |  |
| **TARNEIT KINDERGARTENS** | | | | | | | | | | | | | | | | |
| **Penrose**  83 Penrose Promenade  Tarneit 3029 | |  | Red | | | 8:00 - 1:00 | | |  | | | | 8:00 - 1:00 |  | | 8:00 - 1:00 |
|  | Jade | | |  | | | 8:45 - 4:15 | | | |  | 8:45 - 4:15 | |  |
|  | Teal | | | 1:30 - 5:15 | | |  | | | | 1:30 - 5:15 |  | | 8:30 - 4:00 |
|  | Navy | | |  | | | 9:00 - 4:30 | | | |  | 9:00 - 4:30 | |  |
|  | Orange | | | 8:30 - 4:00 | | |  | | | | 8:30 - 4:00 |  | |  |
| **Tarneit**  150 Sunset Views Blvd  Tarneit 3029 | |  | Red | | | 8:00 - 1:00 | | |  | | | | 8:00 - 1:00 |  | | 8:00 - 1:00 |
|  | Jade | | |  | | | 8:45 - 4:15 | | | |  | 8:45 - 4:15 | |  |
|  | Teal | | | 1:30 - 5:15 | | |  | | | | 1:30 - 5:15 |  | | 8:30 - 4:00 |
|  | Navy | | |  | | | 9:00 - 4:30 | | | |  | 9:00 - 4:30 | |  |
|  | Orange | | | 8:30 - 4:00 | | |  | | | | 8:30 - 4:00 |  | |  |
| **Tarneit Central \***  21-23 Brinbrook Street  Tarneit 3029 | |  | Cherry | | | 8:00 - 1:00 | | |  | | | | 8:00 - 1:00 |  | | 12:00 - 5:00 |
|  | Grape | | |  | | | 8:00 - 3:30 | | | |  | 8:00 - 3:30 | |  |
|  | Teal | | | 1:30 - 5:15 | | |  | | | | 1:30 – 5:15 |  | | 8:30 – 4:00 |
|  | Navy | | |  | | | 9:00 - 4:30 | | | |  | 9:00 - 4:30 | |  |
|  | Orange | | | 8:30 - 4:00 | | |  | | | | 8:30 - 4:00 |  | |  |
|  | White | | |  | | | 8:30 - 4:00 | | | |  | 8:30 - 4:00 | |  |
|  | Pink | | | 8:00 - 1:00 | | |  | | | | 12:00 - 5:00 |  | | 8:00 - 1:00 |
| **TRUGANINA KINDERGARTENS** | | | | | | | | | | | | | | | | |
| **Arndell Park**  29-49 Federation Blvd  Truganina 3029 | |  | Red | | | 8:00 - 1:00 | | |  | | | | 8:00 - 1:00 |  | | 8:00 - 1:00 |
|  | Jade | | |  | | | 8:45 - 4:15 | | | |  | 8:45 - 4:15 | |  |
|  | Teal | | | 1:30 - 5:15 | | |  | | | | 1:30 - 5:15 |  | | 8:30 - 4:00 |
|  | Navy | | |  | | | 9:00 - 4:30 | | | |  | 9:00 - 4:30 | |  |
|  | Orange | | | 8:30 - 4:00 | | |  | | | | 8:30 - 4:00 |  | |  |
| **Truganina East\***  49 Mainview Blvd  Truganina 3029 | |  | Cherry | | | 8:00 - 1:00 | | |  | | | | 8:00 - 1:00 |  | | 12:00 - 5:00 |
|  | Grape | | |  | | | 8:00 - 3:30 | | | |  | 8:00 - 3:30 | |  |
|  | Teal | | | 1:30 - 5:15 | | |  | | | | 1:30 - 5:15 |  | | 8:30 - 4:00 |
|  | Navy | | |  | | | 9:00 - 4:30 | | | |  | 9:00 - 4:30 | |  |
|  | Orange | | | 8:30 - 4:00 | | |  | | | | 8:30 - 4:00 |  | |  |
|  | White | | |  | | | 8:30 - 4:00 | | | |  | 8:30 - 4:00 | |  |
|  | Pink | | | 8:00 - 1:00 | | |  | | | | 12:00 - 5:00 |  | | 8:00 - 1:00 |

\*External Provider ECMS manages and delivers the Kindergarten programs at Alamanda, and Tarneit Central and External Provider bestchance manages and delivers the Kindergarten program at Truganina East. For further details or a map of the kindergartens please visit Council’s website [www.wyndham.vic.gov.au](http://www.wyndham.vic.gov.au).