# Copy of child’s Birth Certificate ❒ $20 non-refundable registration fee ❒

**Copy of child’s ACIR Immunisation History Statement** ❒

**Children must be 3 years old before they can ATTEND a group**

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| Office use only: | | |
| Receipt date: | Receipt no: | Application no: |

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| **CHILD’S DETAILS:** |  |
| **Child’s Given Name:** | **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ |
| **Child’s Family Name:** | **Sex**: **M** ❑ **F** ❑ |

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| **INFORMATION ABOUT PARENTS or GUARDIANS:** | |
| **(Please Circle) Mrs, Ms, Miss, Mr,** | |
| **Given Name:** | |
| **Family Name:** | |
| **Address:** | |
| **Phone:** | **(H) -** |
| **(B) -** |
|  | **(Mob) –** |
| Can Council or the Children’s Centre staff leave a message with a family member or on an answering machine? **YES** ❑ **NO** ❑ | |
| **Language(s) spoken at home:** | |
| **Relationship to child:** | |
| **Do you: Live**  ❑ **Work** ❑  **Study** ❑  **in the Wyndham area?**  (please tick) | |
| **Does the child live with this parent/guardian?**   **YES** ❑ **NO** ❑ (please tick) | |
| **Does the child have any additional needs?** **YES** ❑ **NO** ❑ (please tick)  (Such as a diagnosed disability, developmental delays – including speech delays or other intellectual, sensory or physical impairments. **Please attach any relevant information that will help to meet your child’s needs**)  **If YES**, please indicate the services involved with your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| NOMINATING PREFERENCES: |
| Please indicate your preferences for group times and days with 1 being the most preferred. E.g.: 1, 2, 3, 4Please indicate if you require more than one group YES ❑ NO ❑ (please tick). If so how many groups do you require? 2 ❑ or 3 ❑ groups (please tick). Note # each group incurs an additional term fee.  |  |  |  | | --- | --- | --- | | DAY | **TIME** | **ORDER OF PREFERENCE**  **(Please Number)** | | **MONDAY** | 9AM – 1PM |  | | **TUESDAY** | 9AM – 1PM |  | | **WEDNESDAY** | 9AM – 1PM |  | | **THURSDAY** | 9AM – 1PM |  |  * Places are allocated as registrations are received. * You may not get your first preference. * Only nominate times you are prepared to attend. * **Groups will only proceed if there are full numbers enrolled.** * Group sessions will operate once each week for 4 hours per session during school terms. |

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| **consent by parent/guardian:** |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_consent to the personal and health information collected on this form.  **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (NB. This form must be signed by a parent/legal guardian before the enrolment will be accepted.) |

Privacy Notification: The personal and health information being collected on this form is being collected by Council for the purposes of planning current and future pre-kindergarten services in Wyndham. The information will be used solely by Council and its contracted service providers for that purpose or a directly related purpose. The information shall remain private and confidential within Council and will only be disclosed to other persons or agencies as consented by the enrolling parent or the authorised parent/guardian. The applicant understands that the personal and health information provided is for the placement of children in pre-kindergarten services in Wyndham and that they may apply to Council’s Privacy Officer in writing for access and/or amendment of the information.

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| Submitting this Form: |
| Please complete, SIGN and post this form along with credit card details with a copy of your child’s Birth Certificate, ACIR Immunisation History Statement and an Application Fee of $20 to: **Yerambooee Community Centre**  **55 Maple Crescent**  **Hoppers Crossing Vic 3029**  Name on Credit Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Credit Card Number \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_  Expiry Date \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_  *Offers of placement will be made by mail* |

**Please note#**

* **ALL** 3 yearold Pre-Kindergarten Groups will operate from the Yerambooee Community Centre at 55 Maple Crescent, Hoppers Crossing.
* For further information, please contact Yerambooee Community Centre:

55 Maple Crescent Phone: (03) 9748 9310

Hoppers Crossing Fax: 9748 5842

VIC 3029 Email: Yerambooeecc@wyndham.vic.gov.au