# 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:  |

| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| NOMINATING PREFERENCES: |
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| Please indicate your preferences for group times and days with 1 being the most preferred. E.g.: 1, 2, 3, 4

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| Please 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 – 2PM |  |
|  | 9:30 AM – 1:30PM |  |
| **TUESDAY** | 9:30 AM – 1:30PM |  |
|  | 1 PM – 4PM |  |
| **WEDNESDAY** | 9AM – 2PM |  |
|  | 9:30 AM – 1:30PM |  |

* 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 3, 4 & 5 hours per session during school terms.
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| **consent by parent/guardian:** |
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| 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.

| **FEES:** |
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| **Yearly Fee – Information unavailable until July 2016*** Child Care Benefit (CCB) subsidy and/or Child Care Rebate (CCR) is available for eligible families. Please contact or visit the Family Assistance Office on 136150 for further information. Please give Customer Reference Details to the office to be able to obtain your CCB or CCR.
* 3 year Old Pre-Kindergarten Group fees are required to be paid to secure or access a place in the service, regardless of attendance.
* A $100.00 **non-refundable** deposit needs to be paid by 22nd September 2017 with the remaining term one fees to be paid by the second week of term one 2018. Terms two, three and four (2018) **must** be paid two weeks prior to the completion of each term. **Fees are non-refundable**.
* If fees are not paid by the due date, the 3 Year Old Pre Kinder place may be forfeited.
* 3 Year Old Pre Kinder Group is a non-funded program – Health Care Card/Pension Card rebates **do not** apply.
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| Submitting this Form: |
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| Please complete, SIGN and post this form along with credit card details for application fee of $20 with a copy of your child’s Birth Certificate and ACIR Immunisation History Statement to: **Hoppers Crossing Children’s Centre****162 Heaths Rd****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 Hoppers Crossing Children’s Centre at 162 Heaths Rd, Hoppers Crossing
* Please call on 9749 3951 for any further information.