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| **4-YEAR-OLD KINDERGARTEN**  **REGISTRATION FORM**  **2019**  **Registration Information**  One form to be completed for each child | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Register Online**  A new online portal is available for families registering with the Wyndham City Early Education and Care Services Central Enrolment System.  **To register your child online visit** <https://kindergarten.wyndham.vic.gov.au>  A paper registration form is not required if using the online portal. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CHECK LIST:**  **DO YOU NEED HELP?**  **INTERPRETER:**    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 9742 0777)  **QUESTIONS:**    If you have any further questions, please feel free to contact a Community Support and Enrolment Officer on  9742 8147.   1. **Supporting Documentation –** I havephotocopied & attached to this form the following documents   🞏 **A copy of my child’s birth certificate**  🞏 **A copy of my child’s Immunisation Record**  ***If Applicable***  🞏 **Proof of Residency in Wyndham**  🞏 **Proof of Moving to Wyndham**  🞏 **Proof of Working or Studying in Wyndham**  🞏 **Proof of Attending Child Care in Wyndham**  🞏 **A copy of Fee Subsidy Card or Visa**  🞏 **A copy of Court Order, Parenting Order or Parenting Plan**  🞏 **Diagnosis Supporting Document**  🞏 **Specialist Services Supporting Document**  🞏 **DHHS Supporting Document**  🞏 **Other Relevant Documentation**   1. **Application** **Payment**   🞏 I have enclosed a non-refundable registration fee of $40  *(A discount registration fee of $10 applies for those with a Fee Subsidy Card or Visa.* ***A photocopy of the card/visa must be attached****)*  *Where applications are submitted for twins, triplets or siblings in the same year, a single payment will be accepted, provided the application forms are submitted at the same time.*   |  | | --- | | **OFFICE USE ONLY** | | 🞏 Registration Fee of $40 🞏 Discount Registration Fee of $10 for Fee Subsidy Card or Visa  🞏 Birth Certificate Attached 🞏 Copy of Fee Subsidy Card or Visa Attached  🞏 Immunisation Record Attached | | Application Number: | | Receipt Date: | | Receipt Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Contact Us** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | |  | | | | | |  | | |  | | | | | | | | | | | | | | | |
|  | **Civic Centre** | | | 45 Princes Highway, Werribee, Victoria 3030, Australia | | | | | | | | | | | | | | | | | **Postal Address** | | | | | PO Box 197, Werribee, Victoria 3030, Australia | | | | | | | | | | | |
| **DX Address** | | | DX 30258 Werribee Vic | | | | | | | | | | | | | | | | | | | | | | | | | WCClogo CMYK MASTER.jpg | | | | | | | | |
|  | **Telephone** | | | (03) 9742 0777 | | | | | **Fax** | (03) 9741 6237 | | | | | | | | **TTY** | 133 677 | | | **TIS** | | | 13 14 50 | | | |
|  | **Website** | | | [www.wyndham.vic.gov.au](http://www.wyndham.vic.gov.au) | | | | | | | | | **Email** | | | mail@wyndham.vic.gov.au | | | | | | | | | | | | |
| **ABN** | | | 38 393 903 860 | | | | | | | | | | | | | | | | | | | | | | | | |
| **4-YEAR-OLD KINDERGARTEN**  **REGISTRATION FORM**  **2019** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Will your child be aged four years by 30/04/2019?\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes 🞏 | | No 🞏 | |
| *\* To be eligible to attend a participating kindergarten program, a child must be four years old on or before 30 April in the year that they are to attend the program. Do not complete this form if your child will not be four by this date.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please note:**  Registrations lodged after the 1st of June 2018 will be considered late and therefore processed after all forms received between 3rd of April and 1st of June 2018.  Completion of this registration form does not guarantee a placement in a kindergarten program. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CHILD’S DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Given Names (as stated on Birth Certificate):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Family Name/Surname:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of Birth (dd/mm/yy):** *Please attach a copy of the birth certificate* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Male 🞏 | | | | Female 🞏 | | Other 🞏 | |
| **Country of birth:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Cultural Background:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 🞏 | | | | | | | | | | | | | | | | | |
| **Is your child’s immunisation history up to date?** | | | | | | | | | | | | | | | | | | | | | | Yes, 18 months 🞏 | | | | | | | | | Yes, 4 years 🞏 | | | | | No 🞏 |
| *Please attach the Immunisation History Statement from the Australian Childhood Immunisation Register showing that your child is up to date with their immunisation. For further information and a list of immunisation sessions please visit* <https://www.wyndham.vic.gov.au/services/childrens-services/immunisations/about-immunisations> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Has your child previously received Early Start Kindergarten Funding?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes 🞏 | | | No 🞏 |
| **Is your child currently in an Out of Home Care arrangement, including kinship care? Or are they known to Child Protection?**  *Out of home care is the term used to describe the placement of children away from their parents, due to concern they they are at risk of significant harm.*  *If Yes, please provide details:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes 🞏 | | | No 🞏 |
| **Has your child had their 3.5 year-old Maternal and Child Health (MCH) Check?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes 🞏 | | No 🞏 | |
| *If your child has not had their 3.5 year-old MCH check, please call 9742 8148 to book an appointment or visit* <https://www.wyndham.vic.gov.au/services/childrens-services/maternal-child-health/maternal-child-health-services> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are there any court orders, parenting orders or parenting plans in place?**  *If yes, please attach any relevant documentation.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes 🞏 | | No 🞏 | |
| **ADDITIONAL NEEDS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does your child have a diagnosed disability?**  *If yes, please provide details and attach any supporting evidence* | | | | | | | | | | | | | | | | | | | | | | | | Yes 🞏 | | | | No 🞏 | | | | Awaiting a Diagnosis 🞏 | | | | |
| **Are you on a waiting list or accessing any specialist services?**  E.g. Noah’s Ark, Scope, RCH?  *If Yes, please provide contact details below and attach any supporting evidence*  Agency & Contact Name:  Contact Number: | | | | | | | | | | | | | | | | | | | | | | | | Yes 🞏 | | | | No 🞏 | | | | | On a waiting list 🞏 | | | |
| **Is the Department of Health & Human Services (DHHS) or a similar support agency involved with your child?**  *If Yes, please provide contact details below and attach any relevan documentation*  Agency & Contact Name:  Contact Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes 🞏 | | No 🞏 | |
| **Does your child have any of the following medical conditions?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |
| 🞏 Asthma | | 🞏 Epilepsy | | | | | 🞏 Diabetes | | | | | | 🞏 Anaphylaxis | | | | | | | 🞏 Other *Please specify:* | | | | | | | | | | | | | | | | |
| **To ensure that we are able to place your child in a service that best assists their needs, please answer the following questions:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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?  Comment: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes 🞏 | | No 🞏 | |
| **Please Note:** A Council officer or Pre-School Field Officer may call you to discuss your child’s medicial condition(s) or development need(s) in further detail to assist in your child’s enrolment process. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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/guardian.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent / Legal Guardian 1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |
| **Title:** | | Mr 🞏 | | | Mrs 🞏 | | | | Ms 🞏 | | | Miss 🞏 | | | | | Dr 🞏 | | | Other 🞏 *Please specify:* | | | | | | | | | | | | | | | | |
| **Given Name:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Family Name / Surname:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of Birth (dd/mm/yy):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender:** | | | | | | | | | | | | | | | | | | | | | | | | | | Male 🞏 | | | | | | Female 🞏 | | Other 🞏 | | |
| **Relationship to child:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Country of Birth:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Language spoken at home:** | | | | | | | | | | | | | | | | | | | | | | | **Interpreter Required:** | | | | | | | | | | Yes 🞏 | | No 🞏 | |
| **Email:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Telephone: Home:** | | | | | | | | | | | **Work:** | | | | | | | | | | | | | | | | **Mobile:** | | | | | | | | | |
| **Address:** | | | | | | | | | | | | | | | | | | | **Suburb:** | | | | | | | | | | | | | **Postcode:** | | | | |
| **Postal Address:** *(If different from above)* | | | | | | | | | | | | | | | | | | | **Suburb:** | | | | | | | | | | | | | **Postcode:** | | | | |
| **Parent / Legal Guardian 2** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |
| **Title:** | | Mr 🞏 | | | Mrs 🞏 | | | | Ms 🞏 | | | Miss 🞏 | | | | | Dr 🞏 | | | Other 🞏 *Please specify:* | | | | | | | | | | | | | | | | |
| **Given Name:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Family Name / Surname:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of Birth (dd/mm/yy):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender:** | | | | | | | | | | | | | | | | | | | | | | | | | | Male 🞏 | | | | | | Female 🞏 | | Other 🞏 | | |
| **Relationship to child:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Country of Birth:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Language spoken at home:** | | | | | | | | | | | | | | | | | | | | | | | **Interpreter Required:** | | | | | | | | | | Yes 🞏 | | No 🞏 | |
| **Email:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Telephone: Home:** | | | | | | | | | | | **Work:** | | | | | | | | | | | | | | | | **Mobile:** | | | | | | | | | |
| **Address:** | | | | | | | | | | | | | | | | | | | **Suburb:** | | | | | | | | | | | | | **Postcode:** | | | | |
| **Postal Address:** *(If different from above)* | | | | | | | | | | | | | | | | | | | **Suburb:** | | | | | | | | | | | | | **Postcode:** | | | | |

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| **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)* | | | | | | | | | | | | | | | | | | | | | | | |
| **SIBLINGS** | | | | | | | | | | | | | | | | | | | | | | | |
| **Did any of your child’s siblings attend your first preference Kindergarten in the previous two years?**  Siblings Name:  Year of Attendance: | | | | | | | | | | | | | | | | | | | | Yes 🞏 | | No 🞏 | |
| **Does your child have any siblings who will be attending Kindergarten in the same year?**  **Please Note:** A separate form for each child needs to be completed | | | | | | | | | | | | | | | | | | | Yes 🞏 | | | No 🞏 | |
| 🞏 Older /Younger Sibling | | | 🞏 Twin | | 🞏 Triplets | | 🞏 Other. *Please specify:* | | | | | | | | | | | | | | | | |
| Sibling’s Name: | | | | | | | | | Age: | | | | | | | | Gender: 🞏 Male 🞏 Female 🞏 Other | | | | | | |
| Sibling’s Name: | | | | | | | | | Age: | | | | | | | | Gender: 🞏 Male 🞏 Female 🞏 Other | | | | | | |
| Sibling’s Name: | | | | | | | | | Age: | | | | | | | | Gender: 🞏 Male 🞏 Female 🞏 Other | | | | | | |
| **KINDERGARTEN FEE SUBSIDY** | | | | | | | | | | | | | | | | | | | | | | | |
| **Does your child or yourself have one of the following Cards/Visas?**  *If Yes, please include details below and provide a photocopy of your Card/Visa.* | | | | | | | | | | | | | | | | | | | Yes 🞏 | | | No 🞏 | |
| 🞏 **A Commonwealth Health Care Card** | | | | | | | | 🞏 **Refugee or Asylum Seeker visa (200, 201, 202, 203, 204, 786 or 866)** | | | | | | | | | | | | | | | |
| 🞏 **A Commonwealth Pensioner Concession Card** | | | | | | | | 🞏 **Bridging Visas for any of the above Refugee or Asylum Seeker visas** | | | | | | | | | | | | | | | |
| 🞏 **A Department of Veterans Affairs Gold Card or White Card** | | | | | | | |  | | | | | | | | | | | | | | | |
| **Card / Visa Number:** | | | | | | | | | | | | | **Expiry Date (mm/yy):** | | | | | | | | | | |
| **This card belongs to:** 🞏 Child 🞏 Parent / Guardian 1 🞏 Parent / Guardian 2 | | | | | | | | | | | | | | | | | | |  | | |  | |
| **Do you or your child have refugee or asylum seeker status?** | | | | | | | | | | | No 🞏 | Child 🞏 | | | Parent / Guardian 1 🞏 | | | | Parent /Guardian 2 🞏 | | | | |
| **PREVIOUS YEAR** | | | | | | | | | | | | | | | | | | | | | | | |
| **Did your child attend a 4-Year-Old funded Kindergarten program in 2018?** *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 in 2018?** | | | | | | | | | | | | | | | | | | | Yes 🞏 | | | No 🞏 | |
| **Did your child attend a 3-year-old program at your first preference Kindergarten?**  *Please advise the program name and location:* | | | | | | | | | | | | | | | | | | | Yes 🞏 | | | No 🞏 | |
| **Are you currently utilising a service provided by Quantin Binnah?**  *Please advise the name of the service and who it was utilised by:* | | | | | | | | | | | | | | | | | | | Yes 🞏 | | | No 🞏 | |
| **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. | | | | | | | | | | | | | | | | | | | | | | | |
| **2019 FEE SCHEDULE** | | | | | | | | | | | | | | | | | | | | | | | |
| **Note:** Fees are subject to change in July each year in accordance with Council budget requirements  Council managed Kindergartens = $435.00  ECMS (\*see overleaf) managed Kindergartens = $TBA  bestchance (\* see overleaf) managed Kindergartens = $TBA  Quantin Binnah (\* see overleaf) managed Kindergarten = $TBA  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.** | | | | | | | | | | | | | | | | | | | | | | | |
| **AUTHORISATIONS** | | | | | | | | | | | | | | | | | | | | | | | |
| I/We declare that information contained in this enrolment application is true and correct and undertake to immediately inform Early Education and Care 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 the Privacy Notification section. | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent / Legal Guardian 1 Name:** | | | | | | | | | | | | | | | | | | |  | | |  | |
| Signature: | | | | | | | | | | | | | | | | Date: / / | | | | | | | |
| **Parent / Legal Guardian 2 Name:** | | | | | | | | | | | | | | | | | | |  | | |  | |
| Signature: | | | | | | | | | | | | | | | | Date: / / | | | | | | | |
| **HOW TO SUBMIT THIS FORM:** | | | | | | | | | | | | | | | | | | | | | | | |
| Pease sign and return this form with the required documentation and payment via any of the following methods:   * In person at the Civic Centre, 45 Princes Highway, Werribee ***(cash, cheque, money order, credit card)***; or * In person at Manor Lakes Community Centre, 86 Manor Lakes Blvd, Manor Lakes ***(cheque, money order, credit card)***; or * In person at Tarneit Community Centre, 150 Sunset Views Blvd, Tarneit ***(cheque, money order, credit card)***; or * In person at Point Cook Community Centre, 1-21 Cheetham Street, Point Cook ***(cheque, money order, credit card)***; or * By mail to: Wyndham City Council, P.O. Box 197, Werribee 3030 ***(cheque, money order, credit card)***; or * By email to [kinderenrolment@wyndham.vic.gov.au](mailto:kinderenrolment@wyndham.vic.gov.au) ***(credit card)*** | | | | | | | | | | | | | | | | | | | | | | | |
| **HOW TO FILL IN YOUR PREFERENCES** | | | | | | | | | | | | | | | | | | | | | | | |
| * Number your preferences in order from 1 to 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 | |
|  | | White | |  | | | | 8:30 - 4:00 | | | |  | | | | 8:30 - 4:00 | | |  | |
|  | | 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 | |
|  | | White | |  | | | | 8:30 - 4:00 | | | |  | | | | 8:30 - 4:00 | | |  | |
|  | | Navy | |  | | | | 9:00 - 4:30 | | | |  | | | | 9:00 - 4:30 | | |  | |
|  | | Yellow | | 8:30 - 1:30 | | | |  | | | | 8:30 - 1:30 | | | |  | | | 8:30 - 1:30 | |
| **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 | |
|  | | 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 | | |  | |
| **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 | |
|  | | White | |  | | | | 8:30 - 4:00 | | | |  | | | | 8:30 - 4:00 | | |  | |
|  | | 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 |  | | Red | | 8:00 - 1:00 | | | |  | | | | 8:00 - 1:00 | | | |  | | | 8:00 – 1:00 | |
|  | | White | |  | | | | 8:30 - 4:00 | | | |  | | | | 8:30 - 4:00 | | |  | |
|  | | Grape | |  | | | | 8:00 - 3:30 | | | |  | | | | 8:00 - 3:30 | | |  | |
|  | | 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 | | |  | |
| **Wyndham Park**  55-57 Kookaburra Avenue  Werribee 3030 |  | | Red | | 8:00 - 1:00 | | | |  | | | | 8:00 - 1:00 | | | |  | | | 8:00 – 1:00 | |
|  | | Navy | |  | | | | 9:00 - 4:30 | | | |  | | | | 9:00 - 4:30 | | |  | |
|  | | Yellow | | 8:30 - 1:30 | | | |  | | | | 8:30 - 1:30 | | | |  | | | 8:30 - 1:30 | |
|  | | White | |  | | | | 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 | | |  | |
| **Riverdene**  29 Parramatta Road  Werribee 3030 |  | | Yellow | | 8:30 - 1:30 | | | |  | | | | 8:30 - 1:30 | | | |  | | | 8:30 - 1:30 | |
| **Quantin Binnah #**  61 Thames Blvd  Werribee 3030 |  | | Red | | 8:00 - 1:00 | | | |  | | | | 8:00 - 1:00 | | | |  | | | 8:00 – 1:00 | |
|  | | White | |  | | | | 8:30 - 4:00 | | | |  | | | | 8:30 - 4:00 | | |  | |
|  | | 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 | | | |  | | |  | |
| **Thomas Chirnside**  85-95 Walls Rd  Werribee 3030 |  | | Red | | 8:00 - 1:00 | | | |  | | | | 8:00 - 1:00 | | | |  | | | 8:00 – 1:00 | |
|  | | White | |  | | | | 8:30 - 4:00 | | | |  | | | | 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 | |
|  | | White | |  | | | | 8:30 - 4:00 | | | |  | | | | 8:30 - 4:00 | | |  | |
| **Wyndham Vale Primary School ^**  85 Ribblesdale Avenue  Wyndham Vale 3024 |  | | Red | | 8:00 - 1:00 | | | |  | | | | 8:00 - 1:00 | | | |  | | | 8:00 – 1:00 | |
|  | | Navy | |  | | | | 9:00 - 4:30 | | | |  | | | | 9:00 - 4:30 | | |  | |
| **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 | | |  | |
| **MANOR LAKES KINDERGARTENS** | | | | | | | | | | | | | | | | | | | | | |
| **Manor Lakes**  86 Manor Lakes Blvd  Manor Lakes 3024 |  | | Red | | 8:00 - 1:00 | | | |  | | | | 8:00 - 1:00 | | | |  | | | 8:00 – 1:00 | |
|  | | White | |  | | | | 8:30 - 4:00 | | | |  | | | | 8:30 - 4:00 | | |  | |
|  | | 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 | | | |  | | |  | |

|  |  |  |  |  |  |  |  |
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| **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 |  |
|  | 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 |
| **Featherbrook**  33-35 Windorah Drive  Point Cook 3030 |  | Red | 8:00 - 1:00 |  | 8:00 - 1:00 |  | 8:00 – 1:00 |
|  | 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 |  |
|  | Blue | 8:15 - 1:15 |  | 8:15 - 1:15 |  | 8:15 - 1:15 |
| **Jamieson Way**  59 Jamieson Way  Point Cook 3030 |  | Red | 8:00 - 1:00 |  | 8:00 - 1:00 |  | 8:00 – 1:00 |
|  | White |  | 8:30 - 4:00 |  | 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 |
|  | White |  | 8:30 - 4:00 |  | 8:30 - 4:00 |  |
|  | 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 |
|  | 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 |  |
| **TARNEIT KINDERGARTENS** | | | | | | | |
| **Penrose**  83 Penrose Promenade  Tarneit 3029 |  | Red | 8:00 - 1:00 |  | 8:00 - 1:00 |  | 8:00 – 1:00 |
|  | White |  | 8:30 - 4:00 |  | 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 |
|  | White |  | 8:30 - 4:00 |  | 8:30 - 4:00 |  |
|  | 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 North ^**  2-28 Goddard Street  Tarneit 3029 |  | Red | 8:00 - 1:00 |  | 8:00 - 1:00 |  | 8:00 – 1:00 |
|  | 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 |  |  |
| **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 |  |
|  | 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 Boulevard  Truganina 3029 |  | Red | 8:00 - 1:00 |  | 8:00 - 1:00 |  | 8:00 – 1:00 |
|  | White |  | 8:30 - 4:00 |  | 8:30 - 4:00 |  |
|  | 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 |  | Red | 8:00 - 1:00 |  | 8:00 - 1:00 |  | 8:00 – 1:00 |
|  | 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 |  |
|  | Blue | 8:15 - 1:15 |  | 8:15 - 1:15 |  | 8:15 - 1:15 |
| ***Please Note:***  *The timetable may be subject to change at short notice*  *The Teal groups will operate across Room 1 &2* | | | | | | | |
| *\*These Kindergartens are operated by ECMS*  *^These Kindergartens are operated by bestchance Child and Family Care Inc.*  *#This Kindergarten is operated by Quantin Binnah Community Centre Inc.* | | | | | | | |

|  |  |
| --- | --- |
| **Credit Card Payment**  **Form**  4-Year-Old Kindergarten  Registration Form  2019 |  |

TO: Wyndham City Council

PAYMENT FOR: 2019 4YO Kindergarten Registration Fee

AMOUNT: $

CARD TYPE: 🞏 Mastercard 🞏 Visa

CARD NUMBER:

EXPIRY DATE: /

CARD HOLDER’S NAME:

SIGNATURE:

*(I declare that the information supplied is true and correct)*

DATE: / /

CONTACT PHONE NUMBER: