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| **3-YEAR-OLD KINDERGARTEN**  **& 3+ ACTIVITY GROUP 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 have**photocopied & attached to this form the following documents*   🞏 A copy of my child’s birth certificate  🞏 A copy of my child’s Immunisation History Statement  ***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, Visa or Disability Pension  🞏 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 $25  ***Please Note:*** *The registration fee will be waived for the following groups:*  🞏 Children eligible for Early Start Kindergarten (ESK)  🞏 If the child, parent or guardian is of Aboriginal or Torres Strait Islander decent  🞏 If the child, parent or guardian has refugee or asylum seeker status  🞏 Child is in an Out of Home Care arrangement including kindship care or is known to Child Protection  🞏 If the child, parent or guardian has a Commonwealth Health Care/Pension Card/Disability Pension 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 $25 | 🞏 Free registration applied *(please ensure the corresponding box above is ticked)* | | 🞏 Birth Certificate Attached | 🞏 Copy of Commonwealth Health Care / Pension Card / Disability Pension or Via Attached | | 🞏 Immunisation History Statement 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 | | | | | | | | | | | | | | | | | | | | | | | |
| **3-YEAR-OLD KINDERGARTEN**  **& 3+ ACTIVITY GROUP 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 three years by 30/04/2019?\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes 🞏 | | No 🞏 | |
| *\* To be eligible to attend a participating kindergarten program, a child must be three 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 three by this date.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please note:**  Registrations lodged after the 30th of September 2018 will be considered late and therefore processed after all registrations received between 16th of July and 30th of September 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:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Centerlink Customer Reference Number (CRN):**  *(Only applicable if you are planning on attending Hoppers Crossing Children’s Centre)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 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 that they are at risk of significant harm.*  *If Yes, please provide details:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes 🞏 | | | No 🞏 |
| **Is your child’s immunisation history up to date?** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Yes, 18 months 🞏 | | | | | 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> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are there any court orders, parenting orders or parenting plans in place?**  *If yes, please attach any relevant documentation.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes 🞏 | | No 🞏 | |
| **Does your child live in a single parent / guardian household?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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 relevant 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:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Centerlink Customer Reference Number (CRN):**  *(Only applicable if you are planning on attending Hoppers Crossing Children’s Centre)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Centerlink Customer Reference Number (CRN):**  *(Only applicable if you are planning on attending Hoppers Crossing Children’s Centre)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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:** | | | | |

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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 within the next 3 months** *(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** | | | | | | | | | | | | | |
| **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 | | |
| **Commonwealth Health Care / Pension / Disability Card/ Visa:** | | | | | | | | | | | | | |
| **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** | | | | 🞏 **Disability Pension** | | | | | | | | | |
| **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 🞏 | |
| **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  3-hour group = $335.00 per term / $1,340 per year  4-hour group = $435 per term / $1,740 per year  5-hour group = $535 per term / $2,140 per year  6-hour group = $635 per term / $2,540 per year  *Fee subsidies may apply for those attending Hoppers Crossing Children’s Centre.* | | | | | | | | | | | | | |
| **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 [kinderenrolments@wyndham.vic.gov.au](mailto:kinderenrolments@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. * 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.** | | | | | | | | | | | | | |

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| **HOPPERS CROSSING** | | | | | | | | | | | |
| **KINDERGARTEN** | **PREFS** | **EDUCATOR** | **GROUP** | **HOURS** | **$ PER TERM** | **$ PER YEAR** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
| **Hoppers Crossing**  **Children’s Centre\***  162 Heaths Road  Hoppers Crossing 3029 |  | Diploma | Wallaby | 3 | $335 | $1,340 |  | 9:00 – 12:00 |  |  |  |
|  | Diploma | Goanna | 4 | $435 | $1,740 | 9:30 – 1:30 |  |  |  |  |
|  | Diploma | Rosella | 4 | $435 | $1,740 |  | 9:30 – 1:30 |  |  |  |
|  | Diploma | Bandicoot | 4 | $435 | $1,740 |  |  | 9:30 – 1:30 |  |  |
|  | Diploma | Platypus | 5 | $535 | $2,140 | 9:00 – 2:00 |  |  |  |  |
|  | Diploma | Emu | 5 | $535 | $2,140 |  |  | 9:00 – 2:00 |  |  |
| **Karobran**  64 Spring Drive  Hoppers Crossing 3029 |  | Bachelor | Kookaburra | 3 | $335 | $1,340 |  |  | 1:30 – 4:30 |  |  |
| **Wilmington**  7-13 Wilmington Avenue  Hoppers Crossing 3029 |  | Bachelor | Bunjil | 3 | $335 | $1,340 |  |  |  |  | 8:30 – 11:30 |
| **Yerambooee**  **Community Centre\***  55 Maple Crescent  Hoppers Crossing 3029 |  | Diploma | Cockatoo | 4 | $435 | $1,740 | 9:00 – 1:00 |  |  |  |  |
|  | Diploma | Bilby | 4 | $435 | $1,740 |  |  | 9:00 – 1:00 |  |  |
|  | Diploma | Possum | 4 | $435 | $1,740 |  |  |  | 9:00 – 1:00 |  |
| **WERRIBEE** | | | | | | | | | | | |
| **College Road**  34 College Road  Werribee 3030 |  | Bachelor | Wombat | 3 | $335 | $1,340 |  |  | 8:30 – 11:30 |  |  |
| **Thomas Chirnside**  85-95 Walls Road  Werribee 3030 |  | Bachelor | Bunjil | 3 | $335 | $1,340 |  |  |  |  | 8:30 – 11:30 |
| **MANOR LAKES** | | | | | | | | | | | |
| **Manor Lakes**  86 Manor Lakes Blvd  Manor Lakes 3024 |  | Bachelor | Koala | 3 | $335 | $1,340 |  |  |  |  | 1:30 – 4:30 |
| **POINT COOK** | | | | | | | | | | | |
| **Featherbrook**  33-35 Windorah Drive  Point Cook 3030 |  | Bachelor | Echidna | 6 | $635 | $2,540 | 2:00 – 5:00 |  | 2:00 – 5:00 |  |  |
| **Jamieson Way**  59 Jamieson Way  Point Cook 3030 |  | Bachelor | Kangaroo | 6 | $635 | $2,540 |  |  | 1:30 – 4:30 |  | 8:30 – 11:30 |
| **TRUGANINA** | | | | | | | | | | | |
| **Arndell Park**  29-49 Federation Blvd  Truganina 3029 |  | Bachelor | Koala | 3 | $335 | $1,340 |  |  |  |  | 1:30 – 4:30 |
| **\*** 3+ Activity Groups  **Please Note:** This timetable is subject to change | | | | | | | | | | | |

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| **Credit Card Payment**  **Form**  3-Year-Old Kindergarten & 3+ Activity Group  Registration Form  2019 |  |

TO: Wyndham City Council

PAYMENT FOR: 2019 3YO Registration Fee

CHILD’S NAME:

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: