

City of Whittlesea

FOUR YEAR OLD KINDERGARTEN APPLICATION FORM

I wish to register my child to attend 4 year old kindergarten in <i>(please tick)</i>	Date of Birth range <i>(children must turn 4 years of age by 30 April of year of attendance at 4 year old kindergarten)</i>	Applications open
2009 <input type="checkbox"/>	Children born between 1/1/2004 - 30/04/2005	1 March 2007
2010 <input type="checkbox"/>	Children born between 1/1/2005 - 30/04/2006	3 March 2008
2011 <input type="checkbox"/>	Children born between 1/1/2006 - 30/04/2007	2 March 2009

CHILD'S DETAILS

Surname: _____ Given Names: _____

Date of Birth: : ____/____/____ Gender: Male Female

Is your child of Aboriginal or Torres Strait Islander origin? Yes No

Child's country of birth: _____

Family's cultural background: _____

Language(s) spoken at home: _____

Please list any additional needs, or diagnosed disability: _____

PARENT/GUARDIAN DETAILS

Surname: Mrs/Ms/Mr _____ Given Names: _____

Address: _____ Suburb: _____ Post code: _____

Phone: Home: _____ Business/Mob: _____

Date of Birth: ____/____/____

Health Care or Pension Card? Yes No *(please provide copy)*

To notify of changes to contact details, call Council on 9217 2242 or email cslo@whittlesea.vic.gov.au

KINDERGARTEN PREFERENCES

Please list, in order of preference, only those kindergartens at which you are **willing** to accept a place *(see over for list of kindergartens)*.

My Kindergarten preferences are:

1. _____
2. _____
3. _____

I am seeking a kindergarten placement (when it becomes available) in:

- Doreen
- Epping North
- Acacia Early Learning Centre & Kindergarten – Mernda

Office Use Only

Receipt No: _____

Receipt Date: _____

Receipt Time: _____

- Birth Notice
- Proof of Residency
- Health Care Card *(no fee)*
- \$15 Fee

Time: _____

Date: _____

Signed: _____

Application No: _____

Ack. letter No: _____

Child NAR No: _____

Mother NAR No: _____

Cost of Kindergarten:

Your child may be eligible for free or low cost kindergarten.
Telephone Council on 9217 2242 for more information,
or log on to www.education.vic.gov.au/findakindergarten



City of
Whittlesea

Kindergarten Application Fee:

\$15 non-refundable fee **or** Health Care Card holders - no fee

BUNDOORA 3083 Edward Street Preschool 1a Edward Street Ph 9467 3329 McLean's Road Kindergarten 151 McLean's Road Ph 9467 5993	EPPING 3076 Derby Meadows Preschool 17 Winchester Avenue Ph 9401 5426 Epping Preschool 849 High Street Ph 9401 1206 Epping North Preschool 378 Findon Road Ph 9408 8000 Greenbrook Kindergarten 31 Lowalde Drive Ph 9401 3083 Oakbrook Kindergarten 36 Holroyd Drive Ph 9401 1695	SOUTH MORANG 3752 South Morang Preschool – Mill Park Lakes 280 Gordon's Road Ph 9437 9412 South Morang Preschool – Reid St 75 Reid Street Ph 9404 1855 South Morang Preschool - Riverside 8 Doreen Rogen Way Ph 9436 6398
MILL PARK 3082 Blossom Park Kindergarten 59 Azalea Avenue Ph 9404 4787 Centenary Drive Kindergarten 68 Centenary Drive Ph 9436 7671 Mill Park Preschool Rear 7 Mill Park Drive Ph 9404 2623 Roycroft Kindergarten 114 Roycroft Avenue Ph 9404 4369 Stables Kindergarten 284 Childs Road Ph 9404 1419 The Heights Kindergarten 31 Morang Drive Ph 9436 7744	LALOR 3075 Dalton Road Preschool 149 Dalton Road Ph 9465 4940 Jacaranda Preschool 118 Kingsway Drive Ph 9465 1993 Lalor East Preschool 186 Darebin Drive Ph 9465 7564 Vasey Park Preschool 15 Vasey Avenue Ph 9465 8835	THOMASTOWN 3074 Barry Road Preschool 32 Barry Road Ph 9465 0043 Harbard Street Kindergarten Harbard Street Ph 9465 8693 Thomastown West Preschool 127 Edgars Road Ph 9465 4923
		WHITTLESEA 3757 Whittlesea Preschool Church Street Ph 9716 2405 Laurel Street Preschool Laurel Street Ph 9716 2153 or 2830

Please read the following and tick to ensure your application is complete.

- I have read and understand all the information provided in the Kindergarten Central Enrolment Scheme Information Booklet.
- I declare that all information provided by me is true and correct.
- I have **attached a copy** of my child's birth certificate or relevant proof of age documentation.
- I have **attached a copy** of proof of residency.

Application Fee: I have **attached a copy** of my Health Care Card, if applicable (no application fee required)
or
 I have enclosed a non-refundable \$15 Application Fee by Cheque/Money Order/Credit Card Payment.

Name of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian: _____ Date: _____

You can submit this application form:

- **In person** at: Council Offices, 25 Ferres Boulevard, South Morang. Business Hours 8.30am – 5pm (Mon – Fri).
- **By Mail** to: Children's Services Liaison Officer, City of Whittlesea, Locked Bag 1, Bundoora MDC, 3083
- **By email** to: cslo@whittlesea.vic.gov.au (for Credit Card payments only or Health Care Card applications)
- **By Fax** to: 9409 9869 (for Credit Card payments only or Health Care Card applications)

PAYMENT OPTIONS (if applicable)

- **Cheque/Money Order** payment of \$15 is enclosed. (please make payable to *City of Whittlesea*)
- **Credit Card** Please charge my: Bankcard MasterCard Visa, to the value of \$15

Card number:

Card holder's name (please print clearly): _____

Expiry date: _____ Card holder's signature: _____