

Application for four year old kindergarten enrolment

**HOBSONS
BAY CITY
COUNCIL**



Hobsons Bay City Council provides a Kindergarten Central Enrolment service for locally based community managed four year old kindergarten programs. Funded four year old programs are also provided in long day care services where families can enrol directly at the service. All children are entitled to attend one year of funded kindergarten in the year before attending school. A child must turn four years of age by 30 April in the year of attendance.

Please follow the process outlined below when completing the attached application form. Without all relevant documentation the application will not be processed.

Application Process

- Applications can be submitted on or after a child's second birthday
- In completing the application form you should only select from the kindergartens listed on the map. Only put down kindergartens you are prepared to accept. If your preferred kindergarten is full you will be offered a place at another four year old kindergarten
- A copy of the child's birth certificate/extract and/or any other relevant documents required must be attached
- The application form and a non-refundable fee of \$18.00 (Health Care Card Holders exempt) must be lodged at the Hobsons Bay Civic Centre, 115 Civic Parade, Altona or posted to Hobsons Bay City Council, PO Box 21, Altona 3018 or emailed to earlyyears@hobsonsbay.vic.gov.au.

Allocation Process

- Once your application is received you will receive a confirmation receipt.
- Please keep this as a record of your application
- Kindergarten places are allocated between July and November the year before your child is due to attend kindergarten
- You may choose to defer your child's year of attendance at kindergarten by notifying Council at earlyyears@hobsonsbay.vic.gov.au. Your child will then be placed on the list for the following year at the kindergarten of your choice. Hobsons Bay residents / ratepayers will be given priority.

Additional information

- Free or low cost four year old kindergarten is available to families on health care cards
- Children enrolled in a three year old program are not automatically enrolled for a four year old place at that or any other kindergarten
- It is recommended that all children have their 3.5-4 year old check by their Maternal and Child Health nurse prior to commencement of four year old kindergarten. To make an appointment call the central booking service on 9932 1300
- Four year old immunisations are available from three and a half years of age. For free Council immunisation session times go to www.hobsonsbay.vic.gov.au



**HOBSONS BAY
LANGUAGE LINE**

9932 1212

INTERPRETER SERVICE FOR ALL LANGUAGES

AND RECORDED COUNCIL INFORMATION IN:

| | | |
|----------|-------------|------------|
| English | العربية | Ελληνικά |
| Italiano | ကဵုသိက္ခိန် | Tiếng Việt |
| 粵語 | Македонски | 普通话 |

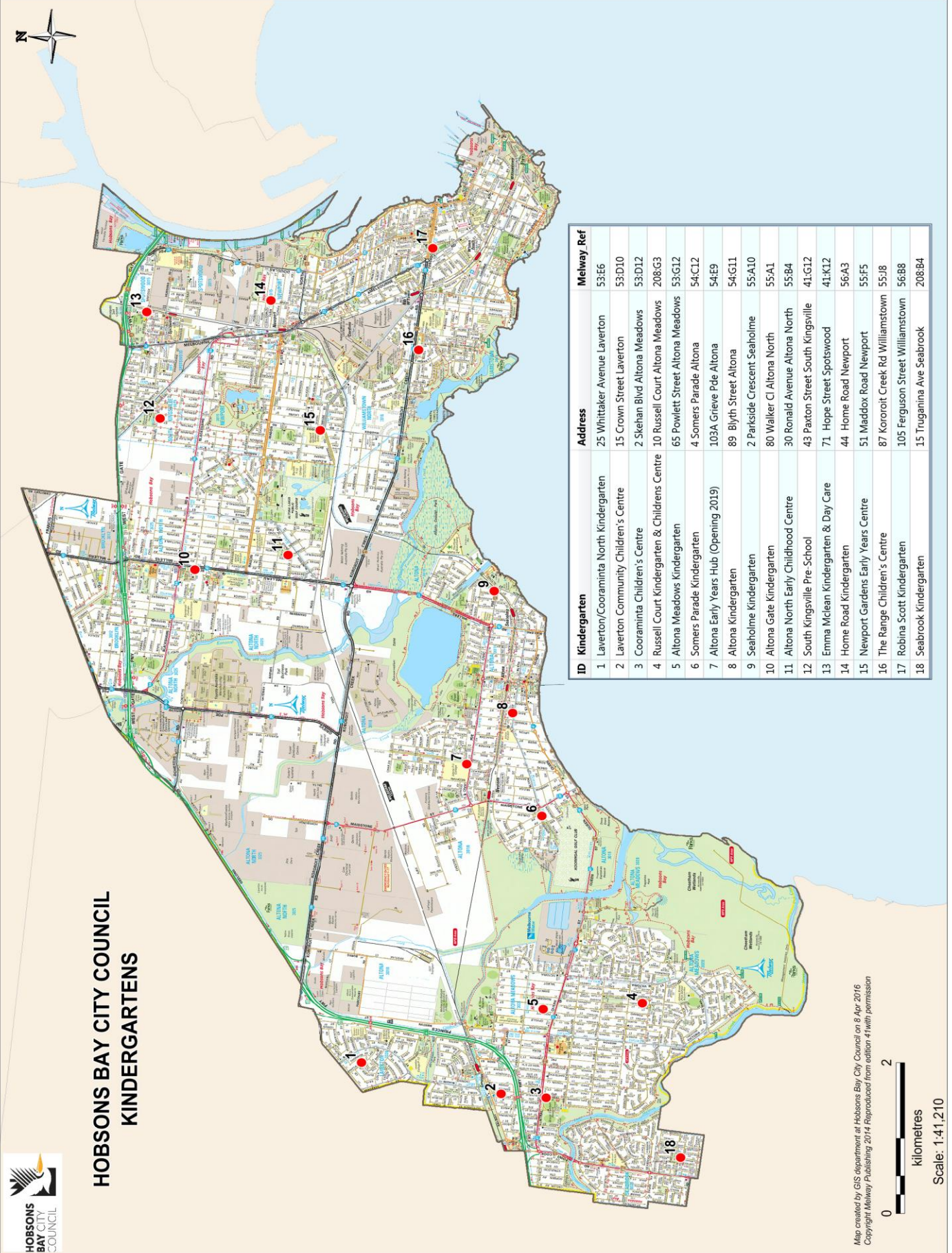
Your Council in your language

For further information on any of these services please contact the council on 9932 1000 or visit our website at:

http://www.hobsonsbay.vic.gov.au/Community/Families_Children/Kindergartens

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**HOBSONS BAY CITY COUNCIL
KINDERGARTENS**

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1. Details of your child (block letters)

Your child must turn four by 30 April in the year of attendance

| | | | |
|-------------------------|---|---------------|----------------|
| Family name | Given names | Date of birth | Year to attend |
| Language spoken at home | Do you identify as being Aboriginal? YES / NO or Torres Strait Islander? YES / NO | | Gender |

2. Details of parent/guardian 1 (block letters)

| | | |
|-----------------------------|--|-----------------------|
| First name | Family name | Relationship to child |
| Address Postcode | Contact numbers mobile: Home Work | |
| Email | | |
| What is your first language | Do you require an interpreter? | YES/ NO |

3. Details of parent/guardian 2 (block letters)

| | | |
|-----------------------------|--|-----------------------|
| First name | Family name | Relationship to child |
| Address Postcode | Contact numbers mobile: Home Work | |
| Email | | |
| What is your first language | Do you require an interpreter? | YES/ NO |

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4. Priority of access criteria

- a) Is this child in an out-of-home care arrangement, ie foster or kinship care? **Yes/No**
If yes, proof required
- b) Is this child or the parent/guardian a refugee or asylum seeker **Yes/No**
If yes, proof required
- c) Are you a resident/ratepayer of Hobsons Bay City Council? **Yes/No**
Proof is required if resident is not a rate payer of Hobsons Bay City Council – e.g utilities bill
If non-resident but a Hobsons Bay ratepayer, please supply property address
-
- d) Does this child, parent or guardian have any additional needs or disability? **Yes/No**
If yes please provide details. Referral letter/letter from health professional required. Children with additional needs/ disability are those who require additional support to fully participate in the kindergarten program. Providing these details enables kindergartens to plan support for your child.
-
- e) Is your child currently attending or expected to attend a three year old program at your preferred kindergarten? Year _____ **Yes/No**
- f) Does your child have a sibling who was previously enrolled or attended your preferred kindergarten in the last two years? Year _____ **Yes/No**

Questions (g) and (h) apply only to non-residents of Hobsons Bay

- g) Is your child attending a minimum of three days per week registered or unregistered care in Hobsons Bay? **Yes/No**
Proof required - registered: a letter from the registered provider; non-registered (i.e. grandparents) a Statutory Declaration from the carer and proof of carer's residency
- h) Is a parent or guardian working in Hobsons Bay? (minimum of three days per week) Proof required: A current letter from employer **Yes/No**

5. Concession Card

Does this child or a parent/guardian hold a health care, pensioner's concession, or veteran's affairs card? If yes, please provide copy of concession card **Yes/No**

6. Court Orders

Are there any court orders relating to this child. **Yes/No**
If yes, please provide a copy of the current court order.

7. Your preference of kindergarten (please see attached map on page 2)

| | | |
|------------------------|------------------------|---|
| 1 st Choice | 2 nd Choice | 3 rd Choice |
| 4 th Choice | 5 th Choice | Please complete up to 5 choices, and write name of kindergarten not kindergarten number |

I hereby declare that I have checked all details above and that they are true and correct.

Signature.....Date.....

Relationship to Child.....

(Office use only)

Birth certificate Other proof
Council officer..... Date.....
Receipt No.....

Privacy Collection Statement – Hobsons Bay is committed to protecting your privacy. The personal information collected on this form will be used by Council's Early Years Services in the planning and provision of appropriate services to your child(ren) and will only be disclosed to persons in connection with early year' services for your child. This personal information, including payments details, will not be disclosed to any external party without your consent, unless required or authorised by law. You have the right to access your personal information and make corrections. If you have any queries or wish to gain access to amend your information please contact Council's Early Years Team on 9932 1000.

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Credit card charge for the amount of \$18.00 for payment of Kindergarten Central Enrolment lodgement fee.

Credit card details

MasterCard / Visa

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|---|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|
| | | | | - | | | | | | - | | | | | | | | | |
|--|--|--|--|---|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|

Expiry Date: / /

Card holder's name (please print):

Card holder's signature: _____

Receipt required: Yes / No

Note:

Hobsons Bay City Council is collecting this information for the purpose of processing your payment. It is not disclosed to anyone outside Council but may be accessed by you upon request.

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