

Application

Central Enrolment Scheme for Four Year Old Funded Kindergarten



City of
KINGSTON

PRIVACY STATEMENT

Personal information collected by Council is used for municipal purposes as specified in the Local Government Act 1989. The personal information will be held securely and used solely by Council for these purposes and/or directly related purposes. Council may disclose this information to other organisations if required or permitted by legislation. The applicant understands that the personal information provided is for the above purpose and that he or she may apply to Council for access to and/or amendment of the information. Requests for access and/or correction should be made to Council's Privacy Officer. A full copy of our Privacy Policy can be obtained from kingston.vic.gov.au



Apply online kingston.vic.gov.au/centralenrolment

Application open from May 1 in the year prior to your child being eligible for four year old funded kindergarten.

A non refundable fee of \$21 is required with this application. No charge for current Health Care Card or Pensioner Card holders.

OFFICE USE ONLY

- ☐ letter of offer sent
☐ service notified

Receipt number:

Application number:

CHILD DETAILS

Given name

Family name

Date of birth (DD/MM/YYYY)

Gender: ☐ male ☐ female

Year my child is eligible to attend Funded Kindergarten

PARENT GUARDIAN DETAILS

Parent / Guardian 1

Relationship to child

☐ Mrs ☐ Ms ☐ Miss ☐ Mr ☐ Dr

Given Name

Family Name

Street address

Suburb

Postcode

Mailing Address (if different from above)

Suburb

Postcode

Phone numbers

Mobile

Home

Work

Email

First language spoken at home if not English

Country of Birth

Parent / Guardian 2

Relationship to child

☐ Mrs ☐ Ms ☐ Miss ☐ Mr ☐ Dr

Given Name

Family Name

Street address

Suburb

Postcode

Mailing Address (if different from above)

Suburb

Postcode

Phone numbers

Mobile

Home

Work

Email

First language spoken at home if not English

Country of Birth

ALLOCATION CRITERIA (PLEASE CHECK ALL THAT APPLY)

- ☐ I am a resident of the City of Kingston ☐ I am a non resident of the City of Kingston
- ☐ My place of residence is within a 2km radius of my first preference kindergarten ☐ I have a connection to the City of Kingston through work, study or care
(please provide evidence: enrolment form/employee number)
- ☐ I have a prior connection to the kindergarten

For more information about the Allocation Criteria, please see the Parent Handbook at kingston.vic.gov.au/centralenrolment

NOMINATED KINDERGARTENS

1st PREFERENCE	2nd PREFERENCE	3rd PREFERENCE
Prior connection to service? YES <input type="checkbox"/> NO <input type="checkbox"/>	Prior connection to service? YES <input type="checkbox"/> NO <input type="checkbox"/>	Prior connection to service? YES <input type="checkbox"/> NO <input type="checkbox"/>
Connection: Sibling <input type="checkbox"/> Applicant child <input type="checkbox"/>	Connection: Sibling <input type="checkbox"/> Applicant child <input type="checkbox"/>	Connection: Sibling <input type="checkbox"/> Applicant child <input type="checkbox"/>

If you are using a siblings connection to the service (within the last three years) please provide:

Sibling name

Year attended

OTHER DETAILS

Does your child have a disability or a developmental delay? ☐ yes ☐ no

If yes, please give details

Please specify if there are any specialist agencies involved with your child or family ☐ yes ☐ no

Agency name

Contact name

Contact number

Please specify if the Department of Human Services (DHS) or a similar support agency is involved with your child or family ☐ yes ☐ no

Agency name

Contact name

Contact number

SPECIFIC DETAILS

Is your child accessing a Funded Kindergarten program in another setting? ☐ yes ☐ no

FEE SUBSIDY CARD DETAILS

Do you have a ☐ Health Care Card ☐ Pensioner Concession Card

CRN Numer on HCC / Pensioner Card

Expiry

PAYMENT METHODS:

Apply **online** at kingston.vic.gov.au/centralenrolment or **in person** at City of Kingston: 1230 Nepean Hwy, Cheltenham • 1 Chelsea Rd, Chelsea.

SIGNATURES OF ENROLLING PARENT / GUARDIANS

Koori Information: Aboriginal ☐ yes ☐ no Torres Straight Islander ☐ yes ☐ no Both ☐ yes ☐ no

Declaration: I understand that all the information provided by me may be audited at any time and the application will be returned or reallocated if incorrect. I agree to provide additional information and supporting documentation if requested. I understand that failure to provide complete and correct information in this application may result in the application not being included in the allocation process. I agree to be contacted by Council with information regarding relevant events, issues and services. I understand that my child is eligible for one year of four year old Funded Kindergarten as per State Government Policy.

Parent / Guardian 1 full name

Parent / Guardian 1 signature

Date

Parent / Guardian 2 full name

Parent / Guardian 2 signature

Date