**Description: Brimbank brandmark**

**Description: Brimbank brandmark**Brimbank Funded Kindergarten Registration Form

(for the year prior to attending school)

**Year child will attend KINDERGARTEN: 20**

# *Customer Service Officer*: Initials:\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_ Birth Cert:

**Child’s details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Family name: |  | Date of birth: |  | |
| First name: |  | Gender: | Male  Female | |
| Country of birth: |  | Is this a multiple birth child i.e. twin, triplet, quad etc? | | Yes  No |

Is your child of **Aboriginal** background? Yes  No If yes, please provide name/s of multiple birth sibling/s:

Is your child of **Torres Strait Islander** background? Yes  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent or Legal Guardian details**

|  |  |  |
| --- | --- | --- |
| **Parent/guardian 1** |  | **Parent/guardian 2** |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Title: | Mr  Mrs  Ms  Miss  Dr  (please tick) | | | | | | | Family name: | |  | | | | | | First name: | |  | | | | | | Address: |  | | | | | | | Suburb: |  | | | | | | | Postcode: |  | | | Date of Birth: |  | | Home phone number: | | |  | | | | | Mobile phone number: | | |  | | | | | Work phone number: | | |  | | | | | Email (print clearly): | | |  | | | | | Relationship to child: | | |  | | | | |  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Title: | Mr  Mrs  Ms  Miss  Dr  (please tick) | | | | | | | Family name: | |  | | | | | | First name: | |  | | | | | | Address: |  | | | | | | | Suburb: |  | | | | | | | Postcode: |  | | | Date of Birth: |  | | Home phone number: | | |  | | | | | Mobile phone number: | | |  | | | | | Work phone number: | | |  | | | | | Email (print clearly): | | |  | | | | | Relationship to child: | | |  | | | | |

**Language spoken at home**

|  |  |  |  |
| --- | --- | --- | --- |
| Language/s: |  | Do you need an interpreter? | Yes  No |

**Kindergarten choice / preferences**

1st  Choice:

2nd Choice (**optional**):

3rd  Choice (**optional**):

**Additional needs and support / Priority of Access**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| In accordance with the *Victorian Government Kindergarten Guide 2016*, children are eligible for priority of access if they are vulnerable, have a disability or developmental delay. For more information about priority of access, please read the *Brimbank Kindergarten Central Registration Policy* on Brimbank City Council’s website.   * **Does your child have a *disability*, *developmental delay,* or *complex medical needs***? Yes  No  |  |  | | --- | --- | | * If yes, please provide details: |  |  * If yes, are there any agencies/services working with your child or family due to your child’s disability, Yes  No  developmental delay, or complex medical needs?  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Name of agency/services: |  | Contact Name: |  | Phone: |  |  * **Does your child meet the criteria for *at risk/vulnerable***: Yes  No * At risk of neglect or abuse - Child Protection ; Child FIRST ; Child and Family Services ; Early Start Kindergarten  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Name of agency/services: |  | Contact Name: |  | Phone: |  |  * Currently in an Out-of-Home Care arrangement, including foster, permanent or kinship care? Yes  No  |  |  | | --- | --- | | If yes, type of Care arrangement: |  |  * **Is parent or child an** ***Asylum Seeker*** *or* ***Refugee****?* Yes  No  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | If yes, type of Visa: |  | Issue Date: |  |  |  |  * **Do you or your child hold a Commonwealth Health Care Card, Pensioner Concession Card, Veteran’s Affairs Card?** Yes  No   Type of Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*please note that this* ***does not*** *refer to a Medicare card*)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Card Number: |  | Issue Date: |  | Expiry Date: |  | |

Every effort will be made to place your child at the kindergarten of your choice. When the allocation process commences, if your 1st choice is full, we will look at your 2nd and 3rd choices (if you have selected more than one choice). You will be notified if they are all full, and you will then have the opportunity to choose another kindergarten or remain on the waiting list until a place becomes available at your preferred kindergarten.

**Year of kindergarten attendance**

**Date of birth between: Year of attendance:**

1/5/2014 – 30/4/2015 2019

1/5/2015 – 30/4/2016 2020

1/5/2016 – 30/4/2017 2021

**Date of birth between: Year of attendance:**

1/5/2011 – 30/4/2012 2016

1/5/2012 – 30/4/2013 2017

1/5/2013 – 30/4/2014 2018

**Checklist**

Proof of child’s birth must be attached to this form eg. Birth Certificate / Passport / Visa / immigration document

All information on previous page has been completed

Up to three kindergarten choices/preferences have been selected (only select kindergartens you will **accept** a place at)

**Parent / Guardian signatures**

I declare that the information provided in this form is true and correct.

|  |  |  |  |
| --- | --- | --- | --- |
| Print name of parent/legal guardian: |  | | |
| Parent/guardian signature: |  | Date: |  |

**Submitting the registration form**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| In Person:  ***Customer Service Centres***:   * 301 Hampshire Rd, SUNSHINE * 704B Old Calder Highway, KEILOR   (Mon-Fri: 1pm – 5pm)   * Station St, TAYLORS LAKES (located within the Sydenham Library) | By mail:  Kindergarten Services Brimbank City Council PO Box 70 SUNSHINE VIC 3020 | **Email:** preschool@brimbank.vic.gov.au  **Fax:** 9249 4489 |

**Interpreter service**

|  |  |
| --- | --- |
| . | For further information contact:  Brimbank City Council  Kindergarten Central Enrolment Service  Telephone: 9249 4490 |

**Privacy statement**

The information collected through this form will be used by Brimbank City Council to allocate a kindergarten place for your child and for the purpose of communicating any and all associated early learning services to you. This information will be provided to Brimbank kindergartens, Brimbank Staff, Contractors and any other relevant consultants, agents or affiliated parties where the information is required for the purpose outlined. The data will be kept confidential and identifying information will not be disclosed for any other purpose, unless required by law. Parents/guardians of enrolled children can access or seek correction of their information and that of the child upon request.

**Kindergartens in Brimbank (by suburb)**

**ALBANVALE Map Number:**

Albanvale 44 Diamond Avenue 9366 2376 BPA 1

**ALBION**

Albion 33a Derrimut Street 9311 3375 BPA 2

**CAIRNLEA**

Deer Park (Cairnlea) Carmody Drive (at Cairnlea Park Primary School) 9363 1762 BPA 3

**DEER PARK**

Deer Park West Adeline Court 9363 3488 Independent 4

Welwyn 44 Welwyn Parade (Cnr Dumfries Street) 9363 1939 LUC 5

Westerngate 5-7 Aycliffe Drive 9363 6574 BPA 6

**DELAHEY**

Copperfields 70 Copperfield Drive 9307 7805 ECMS 7

**DERRIMUT**

Derrimut 30 Lennon Parkway 9307 4700 YMCA 8

**KEALBA**

Kealba 24 McShane Drive (at Community Centre) 9366 6233 ECMS 9

**KEILOR**

Keilor Gatehouse 11a Parramatta Road 9336 3270 ECMS 10

Keilor Village 775 Old Calder Hwy (cnr Kennedy Street) 9336 4010 ECMS 11

**KEILOR DOWNS**

Keilor Downs 12a Antwerp Drive 9366 1945 ECMS 12

Monmia Copernicus Way 9367 2460 ECMS 13

Thornhill Drive 39 Thornhill Drive To be advised BPA 17

**KEILOR PARK**

Keilor Park 2 Thea Court 9336 3758 ECMS 14

**KINGS PARK**

Kings Park 24 Maplewood Road 9366 6692 ECMS 15

**ST ALBANS**

Epalock Crescent 15 Epalock Crescent 9367 1562 BPA 16

St Albans East 1a Harmon Avenue 9366 4830 ECMS 18

St Albans North 42 Fox Street 9367 1826 ECMS 19

St Albans West 33 Stevens Road 9367 1316 ECMS 20

Sunshine Park Estate 10a Southwold Street 9366 1523 BPA 21

Willis Street 10-12 Willis Street 9366 8632 BPA 22

**SUNSHINE**

East Sunshine 2 Lowe Crescent 9311 4712 BPA 23

South Sunshine 13 Ardoyne Street 9311 4348 BPA 24

Sunshine 34 Devonshire Road 9311 2401 BPA 25

**SUNSHINE NORTH**

Dorothy Carlton 47 Furlong Road 9311 7613 BPA 26

North Sunshine Phoenix Street 9311 4130 BPA 27

**SUNSHINE WEST**

Fairbairn Road 26 Fairbairn Road 9312 2630 BPA 28

Kellie O’Connell 125-127 Ridgeway Parade 9363 7774 BPA 29

Sunshine Heights 105 Glengala Road 9311 4966 BPA 30

**SYDENHAM**

Sydenham Community 7 Community Hub (at Sydenham Childrens Hub) 8348 3501 ECMS 31

**TAYLORS LAKES**

Barbary Crescent Barbary Crescent 9449 4355 ECMS 32

Remus Way 4 Remus Way 9390 8542 ECMS 33

Taylors Lakes 12a Cocoparra Crescent 9390 3589 ECMS 34

**EARLY YEARS MANAGEMENT (EYM) SERVICES (as indicated on above list)**

**BPA Children’s Services (BPA) Early Childhood Management Services (ECMS)**

Tel: 9312 3689 Tel: 8481 1100

459a Ballarat Rd, SUNSHINE 3020 (PO Box 215) 192 High St, NORTHCOTE 3070 (PO Box 182)

**Lentara Uniting Care (LUC) YMCA**

Tel: 9351 3600 Tel: 1300 883 994

**Please note:** This map is a location guide only. The numbers on this map indicate the approximate location of each kindergarten. For a detailed location of kindergartens, please refer to a street directory.

