

# APPLICATION TO ENROL - FOUR YEAR OLD KINDERGARTEN 2015



Council is collecting the information on this form for the purpose of allocating your child a kindergarten place. The information will be used for allocation purposes and to contact you in the event of an emergency, but will not be disclosed to any other party except as required by law.

For assistance in filling out this form or for more information regarding kindergarten enrolment please refer to the Kindergarten Fact Sheets which are available at [www.warrnambool.vic.gov.au/kinder](http://www.warrnambool.vic.gov.au/kinder) or contact Council's City Assist Team on 5559 4800, 25 Liebig Street Warrnambool.

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## Child Details

First Name..... Surname .....

Sex: Male  Female

Date of Birth..... Year attending kindergarten .....

Country of Birth ..... Language(s) spoken at home .....

Is this child a: Twin  Triplet  Quadruplet  N/A

Is this child Aboriginal? Yes  No  Is this child Torres Strait Islander? Yes  No

Does this child have additional developmental or health needs? Yes  No

Details .....

Does this child have a professional diagnosis? Please tick relevant box/es and attach supporting documentation.

- Albinism .....
- Allergy (list details).....
- Anaphylaxis (list details) .....
- Attention Deficit Disorder .....
- Autism Spectrum Disorder.....
- Bladder Exstrophy.....
- Cerebral Palsy .....
- Coeliac Disease .....
- Cystic Fibrosis.....
- Diabetes Type 1 .....
- Down Syndrome .....
- Dyspraxia.....
- Eczema .....

- Epilepsy .....
- Febrile Convulsions .....
- Food Intolerance (list details) .....
- Fragile X.....
- Global Developmental Delay .....
- Haemophilia .....
- Hearing Impairment.....
- Hydrocephaly .....
- Juvenile Arthritis .....
- Oppositional Defiance Disorder .....
- Prader Willi Syndrome .....
- Speech Impairment.....
- Vision Impairment.....
- Other .....

Please tick services that the child or family are currently using or have used in the past:

- Maternal & Child Health
- Centre based Child Care/ Family Day Care
- Three Year Old Kindergarten
- Specialist Children's Services
- MPower
- Paediatrician
- Speech /Occupational Therapy/Pathology
- Bethany Family Services
- Brophy Family & Youth Services
- Child FIRST/Family Services
- Community Mental Health Services
- Child and Adolescent Mental Health Services
- Western Region Alcohol and Drug Centre
- Emma House
- Gunditjmara
- WCC Parenting & Child Services
- Other .....

Do you currently have a Support Worker assisting you and/or your family?      Yes       No

Do you give WCC permission to contact the support services listed or your Support Worker to share information regarding this application?    Yes       No

Support Worker Name: .....Agency: .....

Contact Number: .....

Did this child have a Key Ages/Stages MCH assessment visit at 2 yrs of age?      Yes       No

Did this child have a Key Ages/Stages MCH assessment visit at 3 ½ yrs of age?      Yes       No

Do you give permission for the MCH Nurse to share the Parental Evaluation of Developmental Status (PEDS), if applicable, Brigance Assessment outcomes and referrals from the Key Ages and Stages visits?    Yes       No

Maternal and Child Health Nurse Name: .....

Has this child previously attended a government funded 4 year old kindergarten program in Victoria or interstate? Yes  No  If yes, please provide details.....

Are there any court orders relating to this child? Yes  No   
If yes, a copy of documentation will need to be provided to the kindergarten.

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**Parent/Guardian Details****Parent/Guardian 1**

Title – Dr / Mr / Mrs / Ms / Miss (Please circle applicable)

First Name..... Surname .....

Parent/guardian date of birth..... (required for creation of record in Finance Dept.)

Relationship to the child .....

Residential Address..... Post Code.....

Postal Address..... Post Code.....

Telephone: Home ..... Work ..... Mobile.....

Preferred method of correspondence Mail  Email

Email address .....

Main language(s) spoken .....

Do you require an interpreter Yes  No

**Parent/Guardian 2**

Title – Dr / Mr / Mrs / Ms / Miss (Please circle applicable)

First Name..... Surname .....

Relationship to the child .....

Residential Address..... Post Code.....

Postal Address..... Post Code.....

Telephone: Home ..... Work ..... Mobile.....

Preferred method of correspondence Mail  Email

Email address .....

Main language(s) spoken .....

Do you require an interpreter Yes  No

Are you eligible for a concession discount on kindergarten fees? Yes  No

Please circle which type of concession document you have:

- ✓ Health Care Card
- ✓ Pensioner Concession Card
- ✓ Asylum-seeker Bridging Visas A-F
- ✓ Refugee and Special Humanitarian Visas 200-217
- ✓ Temporary Protection/Humanitarian Visas 447, 451, 785, 786
- ✓ Resolution of Status (RoS) Visa, Class CD, Subclass 851
- ✓ Department of Veterans' Affairs Gold Card.

**PRIORITY OF ACCESS CRITERIA**

Council has developed an equitable process which will be used to identify which children are allocated places if more applications are received for a kinder group than there are places available. Applications will be scored using "priority of access" criteria. Please refer to Fact Sheets 2 & 3 for further details. Please indicate if your application meets these criteria.

<b><u>PRIORITY OF ACCESS CRITERIA – please tick</u></b>	<b>Yes</b>	<b>No</b>	<b>I'm not sure*</b>	<b>Office use: Supporting documents received</b>
1. <b>Does your child meet the criteria for being vulnerable?</b>				
<i>If you ticked yes, please attach a letter from a registered support agency.</i>				
2. <b>Has your child been assessed as having a disability or developmental delay?</b>				
<i>If you ticked yes, please attach a letter from a registered support agency or a medical professional.</i>				
3. <b>Are you a WCC ratepayer or do you live within the City of Warrnambool?</b>				
<i>If you ticked yes, please attach a copy of a rates notes or utility bill issued in last 3 months eg. gas / electricity</i>				
4. <b>Has a sibling of your child been enrolled previously at the preferred kindergarten?</b>				
<i>If you ticked yes, please indicate the name of the child, the kinder and the year they attended</i>				
Name ..... Kinder ..... Year .....				
5. <b>Has your child attended a program, including three year old, Early Start placement or child care at the preferred kindergarten?</b>				
<i>If you ticked yes, please indicate the name of the program</i>				
Program name .....				

\* If you have ticked "I'm not sure" for any question, please contact City Assist for clarification.

# Kindergarten Group Preferences

- Please indicate your preferences for kinder groups by starting with 1 as your preferred group to 20. IT IS REALLY IMPORTANT TO PLACE A NUMBER IN EVERY BOX TO ENSURE YOUR PREFERENCES ARE KNOWN IN CASE YOUR FIRST PREFERENCE IS NOT AVAILABLE.
- Please note: If you require after kinder care, you are encouraged to number the services offering AKC as your first 4 preferences to increase your chances of being placed in a group with AKC.

**PLEASE NUMBER THE KINDER GROUPS FROM 1 TO 20 IN ORDER OF YOUR PREFERENCE:**

<b>PREFERENCES</b> <i>Please number every box from your preferred being 1 to 20</i>	<b>KINDER</b>	<b>GROUP</b>	<b>DAYS</b>	<b>HOURS</b>	<b>IS AFTER KINDER CARE (AKC) AVAILABLE?</b>
	<b>Allansford</b>	Blue	Monday Tuesday Thursday	8.30am – 11.30am 8.30am – 2.30pm 8.30am – 2.30pm	<b>No AKC</b>
	<b>Allansford</b>	Green	Monday Wednesday Friday	12.45pm – 3.45pm 8.30am – 2.30pm 8.30am – 2.30pm	<b>No AKC</b>
	<b>Beamish St</b>	Blue	Monday Tuesday Thursday	8.30am – 11.30am 8.30am – 2.30pm 8.30am – 2.30pm	<b>No AKC</b>
	<b>Beamish St</b>	Red	Monday Wednesday Friday	12.45pm – 3.45pm 8.30am – 2.30pm 8.30am – 2.30pm	<b>No AKC</b>
	<b>Central</b>	Blue	Monday Tuesday Thursday	8.30am – 11.30am 8.30am – 2.30pm 8.30am – 2.30pm	<b>AKC available</b>
	<b>Central</b>	Green	Monday Wednesday Friday	12.45pm – 3.45pm 8.30am – 2.30pm 8.30am – 2.30pm	<b>No AKC</b>
	<b>City</b>	Blue	Monday Tuesday Thursday	8.30am – 11.30am 8.30am – 2.30pm 8.30am – 2.30pm	<b>No AKC</b>
	<b>City</b>	Green	Monday Wednesday Friday	12.45pm – 3.45pm 8.30am – 2.30pm 8.30am – 2.30pm	<b>No AKC</b>
	<b>Dennington</b>	Blue	Monday Tuesday Thursday	8.30am – 11.30am 8.30am – 2.30pm 8.30am – 2.30pm	<b>No AKC</b>
	<b>Dennington</b>	Red	Monday Wednesday Friday	12.45pm – 3.45pm 8.30am – 2.30pm 8.30am – 2.30pm	<b>No AKC</b>

PREFERENCES <i>Please number every box from your preferred being 1 to 20</i>	KINDER	GROUP	DAYS	HOURS	IS AFTER KINDER CARE (AKC) AVAILABLE?
	East	Blue	Monday Tuesday Thursday	8.30am – 11.30am 8.30am – 2.30pm 8.30am – 2.30pm	AKC available
	East	Yellow	Monday Wednesday Friday	12.45pm – 3.45pm 8.30am – 2.30pm 8.30am – 2.30pm	No AKC
	East	Red	Monday Tuesday Thursday	8.45am – 11.45am 8.45am – 2.45pm 8.45am – 2.45pm	No AKC
	East	Green	Monday Wednesday Friday	1.00pm – 4.00pm 8.45am – 2.45pm 8.45am – 2.45pm	No AKC
	Lions-Hopkins	Red	Monday Tuesday Thursday	8.30am – 11.30am 8.30am – 2.30pm 8.30am – 2.30pm	No AKC
	Lions-Hopkins	Blue	Monday Wednesday Friday	12.45pm – 3.45pm 8.30am – 2.30pm 8.30am – 2.30pm	No AKC
	Mahogany	Blue	Monday Tuesday Thursday	8.30am – 11.30am 8.30am – 2.30pm 8.30am – 2.30pm	No AKC
	South	Yellow	Monday Tuesday Thursday	8.30am – 11.30am 8.30am – 2.30pm 8.30am – 2.30pm	No AKC
	South	Green	Monday Wednesday Friday	12.45pm – 3.45pm 8.30am – 2.30pm 8.30am – 2.30pm	AKC available
	Florence Collins	This service offers combined sessions of both Kinder and After Kinder Care. Each child will be allocated to only three sessions of this per week. <i>For further details and fees for this service please refer to Fact Sheet 1 – Florence Collins Kinder.</i>			AKC available

**Disclaimer:** The groups on offer are based on anticipated enrolments being met. If anticipated enrolment numbers aren't achieved this may impact on the final number of groups able to be offered. In this case, groups with fewest top preferences will close for 2015 only and all applicants for enrolment will be notified **at the time of first round offers.**

**Check List**

- I have read and understand the information provided in the Enrolment Kit.
- I agree to pay all of my accounts at the Warrnambool City Council by the due date. I understand that the kindergarten enrolment for my child may be cancelled if payments are not kept up to date and in the event that I default in making payment and recovery action is undertaken, that I will be responsible for all expenses in relation to the collection of the outstanding amount including, but not limited to, all charges and fees, legal costs on an indemnity basis, and disbursements.
- I declare that all information provided by me is true and correct
- I have attached a copy of all documentation required for the priority of access criteria.
- I have attached a copy of a Birth Certificate for Australian born children or passport/travel document for non-Australian born children or a statutory declaration if neither of these documents are available.
- I understand that any changes to details on this form are required in writing.
- Form has been returned by one of the following methods:

**Mail:**

Warrnambool City Council  
P.O. Box 198  
Warrnambool 3280

**In person:**

Warrnambool City Council  
Civic Centre  
25 Liebig Street  
Warrnambool

**Electronically:**

Complete and scan the form along with required documentation, and return to email: [wbool\\_city@warrnambool.vic.gov.au](mailto:wbool_city@warrnambool.vic.gov.au)

**Name of parent/legal guardian(s)** .....

**Signature of parent/legal guardian(s)** .....

**Date** .....

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**OFFICE USE ONLY**

Document Sighted: ..... Date Received .....Signature .....