

Central Kindergarten Registration REGISTRATION APPLICATION FORM - THREE AND FOUR-YEAR-OLD KINDERGARTEN

Child's details:

Surname:	Given Name:			
Date of Birth:	Male	Female		
Is your child a twin or triplet: Main language spoken at home: Does your child have additional needs? Answers to the following questions may mean that you is your child identified as being of Aboriginal or Torres Strate Does your child have Refugee or Asylum Seeker status? Are you a Health Care/Concession Card holder? Has your child had involvement with ChildFIRST or Child Fire the second service of the second second service of the second s	it Islander origin? No No No	Triplet Yes Jubsidised kindergarten: Yes Yes Yes Yes Yes Yes Yes		
Parent/Guardian contact details (current address): Parent/Guardian 1 (Primary Decision Maker): Parent/Guardian 2:				
Address:	Address:			
Phone:	Phone:			
Email address:	Email address:			
In the event you are unable to be contacted, please give permission to contact:				
Relationship:	Friend Relative	Support Worker		
Name:				
Phone number:				
Are you registering for:	Three AND four-year-old	Four-year.old ONLY		



Please tick the year you are registering your child for:

Date of Birth	To attend three-year-old kindergarten and ESK	To attend four-year-old old Kindergarten
1/05/2015— 30/04/2016	2019 – applications accepted from 1.1.2018	2020 – applications accepted from 1.1.2018
1/05/2016 – 30/04/2017	2020 - applications accepted from 1.1.2019	2021- applications accepted from 1.1.2019
1/05/2017 – 30/04/2018	2021 - applications accepted from 1.1.2020	2022 - applications accepted from 1.1.2021

^{*}ESK - Early Start Kindergarten Please refer to Fact Sheets for further information and eligibility requirements

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My kindergarten preferences	s are (please list <u>3</u> prefere	ences):	
Three-year-old 1.	2	3	
Four-year-old 1.	2	3	
Privacy statement:			
The personal information requested will be disclosed primarily for the pur declare that all the information provider the above purpose.	pose of assisting kindergartens	in allocating places, or dir	rectly related purposes. I
Signature of Parent/Guardian:		Date:	
We encourage you to attend your Mayour child has not had their 2-year-o			
appointments?		No	Yes

Please return completed Application for Registration form to:

Post: City of Ballarat, PO BOX 655, Ballarat, 3353

Email: kindergarten@ballarat.vic.gov.au

Families are encouraged to submit kindergarten registration forms by 30 June in the year before kindergarten attendance. Applications will still be received after 30 June, however, applicants are advised to contact the City of Ballarat on 5320 5720 to discuss further.

Please note:

- Three preferences are to be nominated on this form
- An acknowledgement letter will be sent to you after the processing of your Application for Registration form

As detailed in the **Central Kindergarten Registration Policy**:

- Kindergarten places are allocated according to the Central Kindergarten Registration eligibility criteria; and,
- The City of Ballarat does not guarantee you will receive a kindergarten place at your first preference.

For more information:

Contact the City of Ballarat on 5320 5720 or visit ballarat.vic.gov.au