



4-YEAR-OLD KINDERGARTEN Registration Form



DID YOU KNOW YOU CAN REGISTER ONLINE?

Go to kinders.hobsonsabay.vic.gov.au and create an account now!

By registering online you can view, update and change your preferences at any time.

Hobsons Bay City Council provides a Kindergarten Central Registration Scheme on behalf of 19 participating local community managed kindergartens. Council's Central Registration Scheme allows families to submit one registration form indicating their preferences for a number of services, rather than having to apply for each individual service. A list of participating services is attached to this form.

Registrations will be accepted on or any time after your child's second birthday.

Please note: that your child must turn 4 years of age by April 30 in the year of attendance

To ensure Council is able to process your child's registration please ensure:

- All sections of this form are completed
- All relevant supporting documentation is provided

PLEASE BE AWARE THAT COMPLETION OF THIS FORM DOES NOT GUARANTEE A PLACE AT YOUR PREFERRED KINDERGARTEN/S.

For further information on the registration and allocation process for kindergarten please visit our website. www.hobsonsabay.vic.gov.au/kindergartens. Other services that also offer a funded kindergarten program, but are not part of Council's Central Registration Scheme, are listed on our website.

Hobsons bay council is committed to being a child safe organisation and has zero tolerance for child abuse.

**YOUR COMPLETED REGISTRATION FORM CAN BE LODGED
WITH HOBSONS BAY CITY COUNCIL AS SHOWN BELOW.**

EMAIL AT:

kindergarten@hobsonsbay.vic.gov.au

POST TO:

Hobsons Bay City Council
PO Box 21, Altona 3018

IN PERSON AT COUNCIL'S CIVIC CENTRE:

Civic Centre, 115 Civic Parade Altona

IN PERSON AT COUNCIL AND COUNCIL+ SERVICE CENTRE LOCATIONS:

- Altona Library, 123 Queen Street, Altona
- Altona Meadows Pop-up Library, Central Square, Altona Meadows
- Altona North Community Library, corner Millers and McArthurs Road, Altona North
- Laverton Community Hub, 95-105 Railway Avenue, Laverton
- Newport Community Hub, 13-15 Mason Street, Newport
- Seabrook Community Centre, 15 Truganina Avenue, Seabrook
- Williamstown Library, 104 Ferguson Street, Williamstown

**FOR FURTHER INFORMATION OR ASSISTANCE, CONTACT THE KINDERGARTEN CENTRAL
REGISTRATION TEAM ON 9932 1534.**

FOR INTERPRETER ASSISTANCE, CONTACT 9932 1212.

*Council acknowledges the Bunurong People of the Kulin Nation as the Traditional Owners
of these municipal lands and waterways, and pay our respects to Elders past and present.*

Hobsons Bay City Council Kindergartens



4-YEAR-OLD KINDERGARTEN

1. CHILD'S DETAILS

Given Name/s (as stated on Birth Certificate):

Year Attending: 20_ _

Family Name:

Gender: Male ☐ Female ☐

Date of birth (DD/MM/YYYY):

Country of birth:

Language/s spoken at home:

Child lives with: Parent/s ☐ Foster carer ☐ Informal/Formal Kinship carer ☐

Other:

2. PARENT/GUARDIAN DETAILS

Parent/Guardian 1 **First point of contact*

Given Name:

Family Name/Surname:

Relationship to child:

Residential Address:

Suburb:

Postcode:

Contact numbers:

Mobile:

Work:

Home:

Email address (please print clearly):

Country of birth:

What is your first language?

Do you require an interpreter? Yes ☐ No ☐

3. PARENT/GUARDIAN DETAILS

Parent/Guardian 2 (if applicable)

Given Name:

Family Name/Surname:

Relationship to child:

Residential Address:

Suburb:

Postcode:

Contact numbers:

Mobile:

Work:

Home:

Email address (please print clearly):

Country of birth:

What is your first language?

Do you require an interpreter? Yes ☐ No ☐

4. PRIORITY OF ACCESS

Are you a ratepayer of Hobsons Bay?

Yes ☐ No ☐

Please provide the property address if different from your residential address.

Are you a resident, but not a ratepayer of Hobsons Bay?

Yes ☐ No ☐

Please supply proof of residency (eg utilities bill, rental agreement) if not a ratepayer.

If you are not a resident or rate payer of Hobsons Bay, please answer the following two questions:

Is your child attending formal or informal childcare in Hobsons Bay for 2 or more days per week?

Yes ☐ No ☐

If formal, please provide a letter from the registered provider or current receipt. If informal, i.e. nannies, friends or relatives, please provide a Statutory Declaration and proof of carers residency.

I/we work or study in Hobsons Bay for 2 or more days per week

Yes ☐ No ☐

If yes, please provide a current pay slip or letter from your employer or evidence of your course enrolment.

Is your child's 'Designated Neighbourhood Government School' within Hobsons Bay?

Yes ☐ No ☐

Are there any court orders or parenting plans in place relating to this child?

Yes ☐ No ☐

Please provide a copy of the current court order or intervention order.

Is your child attending an educational program at your preferred kindergarten?

Yes ☐ No ☐

Is your child a multiple birth sibling (triplet or above)?

Yes ☐ No ☐

Has your child's sibling attended your 1st preference kindergarten in the 2 years prior to this child's year of attendance?

Yes ☐ No ☐

Please provide sibling's name and relevant year (below).

Does your child's parent / guardian have a disability?

Yes ☐ No ☐

Does your child or their parent/guardian have a life threatening or debilitating illness or disease?

Yes ☐ No ☐

Is this child's parent / guardian employed at a CRS-participating Kindergarten?

Yes ☐ No ☐

4. PRIORITY OF ACCESS (CONTINUED)

EARLY START KINDERGARTEN (3YO) / PRE-PREP GROUP 1 (4YO)

Children meeting these criteria are prioritised for allocation into their preferred Kindergarten place. They are eligible for additional Kindergarten hours in four-year-old kindergarten from 2026.

Is your child Aboriginal and/or Torres Strait Islander?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes, Aboriginal		<input type="checkbox"/>		
Yes, Torres Strait Islander		<input type="checkbox"/>		
Yes, both Aboriginal and Torres Strait Islander		<input type="checkbox"/>		
Does your child or your family have current or historical involvement with Child Protection? This includes both substantiated and unsubstantiated notifications to Child Protection relating to this child or their siblings.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is your child currently in Out of Home Care (including Kinship care, Foster care, Permanent Care or Residential Care)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is your child or their parent/legal guardian a Refugee or Asylum Seeker? <i>ie, hold one of the following Visas:</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Refugee or Asylum Seeker visa (200, 201, 202, 203, 204, 449, 785, 786, 790 or 866)		<input type="checkbox"/>		
Bridging Visas for any of the above Refugee or Asylum Seeker visas		<input type="checkbox"/>		
Current or expired ImmiCard		<input type="checkbox"/>		
Has your child or their parent/legal guardian had an experience of displacement (a refugee experience or experience similar to a refugee) but does not hold one of the above visas?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

HIGH PRIORITY CHILDREN / PRE-PREP PRIORITY GROUP 2 (4YO)

Children meeting these criteria are prioritised for allocation into their preferred Kindergarten place.

Does your child or their parent/guardian hold any of the following Subsidy Cards or Visas? <i>If yes, please provide a copy of the card with this form</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A Commonwealth Health Care Card		<input type="checkbox"/>		
A Child Disability Health Care Card		<input type="checkbox"/>		
A Commonwealth Pensioner Concession Card		<input type="checkbox"/>		
A Department of Veterans' Affairs Gold Card or White Card		<input type="checkbox"/>		
Is your child a multiple birth sibling (triplet or above)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**Children meeting the Pre-Prep Priority Group 2 criteria will be eligible for additional Kindergarten hours in 4-year-old kindergarten from 2028.*

5. CHILD INFORMATION

Please note: A Council Officer may call you to discuss your child's medical condition(s) or developmental need(s) in further detail to assist in your child's application process.

Does your child have any of the following medical conditions?

☐ Asthma ☐ Epilepsy ☐ Diabetes ☐ Anaphylaxis

No ☐

☐ Other *Please Specify*

Does your child have a diagnosed disability/disorder/condition?
(including intellectual, sensory or physical limitation that
requires additional support)

Yes ☐ No ☐

Awaiting a diagnosis ☐

If yes, please provide details. A Referral letter/letters from a health professional (or pre-school field officer, MCH nurse, early childhood intervention service, NDIS) must be attached to this enrolment in relation to the child's additional needs as indicated by you. Providing these details enables kindergartens to plan support for your child.

Are there any specialists or agencies involved with your child?
e.g. Noahs Ark, IPC, Anglicare, Scope, Royal Children's Hospital,
Paediatrician?

Yes ☐ No ☐

On a waiting list ☐

If Yes, please provide details below and attach any supporting documentation

Agency Name:

Contact Name:

Contact Number:

Does your child hold a Health Care Card?

Yes ☐ No ☐

Do you have any concerns about your child's development?

Yes ☐ No ☐

If yes, please provide details and attach any supporting documentation

Please indicate the last Maternal and Child Health Key Age and Stage visit your child attended:

3.5 yrs ☐ 2 yrs ☐ 18mnths ☐ 12mnths ☐

A Preschool Field Officer (PSFO) supports the inclusion of children with additional needs participating in funded kindergarten. Please note that information provided may be referred to the PSFO for further assessment for those applying for kindergarten.

6. 4-YEAR-OLD KINDERGARTEN PREFERENCES

Please select up to 5 kindergartens you would be prepared to accept a place for your child if offered. Please number 1 to 5, with 1 being your most preferred service. Please note only services listed in this table are participating in Hobsons Bay Registration Scheme. Please use our local map on page 2 as a guide to kindergarten locations.

REF ON MAP	SERVICE NAME	LOCATION	PHONE	PREFERENCE (1, 2, 3, 4 OR 5)
1	Altona Early Years Hub	103B Grieve Parade, Altona	9315 0295	
2	Altona Gate Kindergarten	80 Walker Close, Altona North	9314 7895	
3	Altona Kindergarten	89 Blyth Street, Altona	9398 2839	
4	Altona Meadows Kindergarten	65 Powlett Street, Altona Meadows	9369 3346	
5	Altona North Children's Centre	30 Ronald Avenue, Altona North	9398 0772	
6	Cooraminta Children's Centre	2 Skehan Boulevard, Altona Meadow	9315 7677	
7	Emma McLean Kindergarten and Daycare	71 Hope Street, Spotswood	9391 1415	
8	Home Road Kindergarten	44 Home Road, Newport	9391 2958	
9	Laverton Community Children's Centre	15 Crown Street, Laverton	9360 0964	
10	Laverton/Cooraminta North Kindergarten	25 Whittaker Avenue, Laverton	9369 2815	
11	Newport Gardens Early Years Centre	51 Maddox Road, Newport	9391 0294	
12	Robina Scott Kindergarten	105 Ferguson Street, Williamstown	9397 6902	
13	Russell Court Kindergarten and Children's Centre	10 Russell Court, Altona Meadows	0413 590 094	
14	Seabrook Kindergarten	15 Truganina Avenue, Seabrook	9395 3012	
15	Seaholme Kindergarten	2 Parkside Crescent, Altona	9398 1216	
16	Somers Parade Kindergarten	4 Somers Parade, Altona	9398 1526	
17	South Kingsville Pre-School	43 Paxton Street, South Kingsville	9391 9780	
18	Sutton Avenue Kindergarten	16 Sutton Avenue, Altona North	9968 2351	
19	The Range Children's Centre	87 Kororoit Creek Road, Williamstown	9397 8244	

Council allocates children into groups. If the timetable has been released (usually May of the prior year) please note your preferred Group/Days for each centre. You can choose multiple groups for each centre.

7. REGISTRATION CHECKLIST

Have you attached the following supporting documents to this form?

ATTACHMENTS

CHECK ✓

My child's birth certificate, birth extract or passport

Proof of residence for Hobsons Bay residents – current utilities bill, rates notice or rental agreement with name and address clearly identified

Proof of Care or employment/study within Hobsons Bay for non - residents

A copy of subsidy cards/visas - e.g. Health Care Card or others listed on page 6, Priority of Access.

Other supporting documents - e.g. letters from Medical Practitioners, Health Providers, Court Orders or forms required for Priority of Access.

8. PRIVACY STATEMENT

Hobsons Bay is committed to protecting your privacy. The personal information requested on this form is being collected by the Hobsons Bay City Council for the purpose of Kindergarten allocation and to support the planning and provision of appropriate kindergarten and/or Early Years Services for your child/ren. This information will be used for Council administrative purposes and provided only to parties directly involved with the provision of care to your child/ren, except as required by law. As a result of providing this information you may also receive updates from Council regarding other early years services and events including, but not limited to, maternal & child health, playgroups and parent information sessions. Your information will not be provided to other parties for this purpose. You may access your information by contacting Council's Early Years Team on **9932 1534**.

9. DECLARATION

I declare that the information provided in this application is true and correct to the best of my knowledge.

I understand that this form is a legal document and penalties exist for providing false or misleading information.

First Name:

Last Name:

Relationship to Child:

(Office use only)

Birth Certificate ☐

Other proof ☐

Council Officer _____

Date _____

Receipt No _____

CURRENT AS OF MARCH 2025

