

SERVICE DETAILS

2025 THREE YEAR OLD AND FOUR YEAR OLD SESSIONAL KINDERGARTEN

Families are encouraged to attend the 3 ½ year old Maternal and Child Health visit with their child before kindergarten attendance.

Please number up to three (3) services for 3yo kindergarten and up to three (3) services for 4yo kindergarten in order of preference:

	3YO	4YO		3YO	4YO
Angliss Children’s Centre	<input type="checkbox"/>	<input type="checkbox"/>	Kingsville Kindergarten	<input type="checkbox"/>	<input type="checkbox"/>
Billy Button Children’s Centre	<input type="checkbox"/>	<input type="checkbox"/>	Maribyrnong Kindergarten (with a Bush Kinder Program)	<input type="checkbox"/>	<input type="checkbox"/>
Braybrook Early Learning Centre	<input type="checkbox"/>	<input type="checkbox"/>	Merriwa Kindergarten	<input type="checkbox"/>	<input type="checkbox"/>
Brenbeal Children’s Centre (sessional)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	North Maidstone Kindergarten	<input type="checkbox"/>	<input type="checkbox"/>
Cherry Crescent Preschool (Braybrook)	<input type="checkbox"/>	<input type="checkbox"/>	Randall Street Kindergarten (operating out of Nth Maidstone Kindergarten)	<input type="checkbox"/>	<input type="checkbox"/>
Church Street Children’s Centre	<input type="checkbox"/>	<input type="checkbox"/>	Yarraville Community Kindergarten*	<input type="checkbox"/>	<input type="checkbox"/>
Dobson Kindergarten	<input type="checkbox"/>	<input type="checkbox"/>			
Gowrie Victoria Clare Court	<input type="checkbox"/>	<input type="checkbox"/>			

To find kindergartens in your area go to the Victorian Governments [Find a kinder program](#) page.

Is there any other information to ensure your child will be well supported at a service? _____

Privacy and Information Sharing Statement: Maribyrnong City Council values and protects all personal information it collects and is committed to information handling practices and uses of information in compliance with its obligations under the Information Privacy Act 2000 (Vic). Personal information required on this form is being collected by Council for the purpose of improving early year’s services within Maribymong. Information collected will be used solely by the Council for this primary purpose and/or other directly related purposes. Council may not be able to assist/provide a service as a consequence should this information not be provided. If you require further information about the purpose of the information collected; access to, or amendment of the information provided or Information Privacy, please contact Council’s Information Privacy Officer on 9688 0200. This information will be used for Council administrative purposes and will be provided to relevant services as required for the application of your child’s place at the services listed. This information may be disclosed (with prior consent) to Council’s Maternal and Child Health and Immunisation Team for the purpose of enabling access to these services. The information provided will not otherwise be disclosed unless required by law.

Signature of Parent / Guardian: _____

Date: _____ / _____ / _____



APPLICATION FEE

There is no cost to families to register your child for kindergarten .

SUBMITTING THIS FORM

The Application Form may be submitted with supporting documentation:

IN PERSON

Council Offices
61 Napier Street
Footscray

Braybrook Hub Reception
107-139 Churchill Avenue
Braybrook

POST

Early Years Services
Maribyrnong City Council
PO Box 58, West Footscray 3012

OFFICE USE ONLY

Date received: _____

CENTRAL REGISTRATION SYSTEMKINDERGARTEN APPLICATION FORM



CHILD DETAILS

Given Name/s: _____

Family Name: _____

Date of Birth: _____ / _____ / _____

Child’s sex: Female ☐ Male ☐ Prefer not to say ☐

Child’s Country of Birth: _____

Child’s Cultural Background: _____

Is this a multiple birth child i.e. twin, triplet etc.? Yes ☐ No ☐

If yes, please provide name/s of multiple birth sibling/s: _____

Does the family hold a subsidy card/immigration visa? Yes ☐ No ☐

CHECK LIST

- ☐ Proof of birth date attached – copy of birth notice, birth certificate, immunisation record or passport
- ☐ Proof of residence – current utilities bill, rates notice or rental agreement with name and address clearly identified
- ☐ At least one kind of contact details is shown for Parent 1
- ☐ Supporting documentation – where applicable
- ☐ Signed and dated

For more information please call Early Years Services on **9688 0116** or **kindergarten@maribyrnong.vic.gov.au**.

We acknowledge that we are on the traditional lands of the Kulin Nation. We offer our respect to the Elders of these traditional lands and through them to all Aboriginal and Torres Strait Islander peoples past, present and emerging.



For further information in your language call **13 14 50** and ask the interpreter to call Council on **9688 0116**.

PARENT / GUARDIAN 1 DETAILS

Title: ☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Dr

Given Names: _____

Family Name: _____

Mobile: _____ Work Phone: _____ Home Phone: _____

Email: _____

Preferred method of contact ☐ Mobile ☐ Work Phone ☐ Home Phone ☐ Email

Residential Address: _____

Suburb: _____ State: _____ Postcode: _____

Relationship to child: _____

What is your cultural background: _____

Country of birth: _____

What language is spoken at home? _____ Do you need an interpreter? Yes ☐ No ☐

PARENT / GUARDIAN 2 DETAILS (optional)

Title: ☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Dr

Given Names: _____

Family Name: _____

Mobile: _____ Work Phone: _____ Home Phone: _____

Email: _____

Preferred method of contact ☐ Mobile ☐ Work Phone ☐ Home Phone ☐ Email

Residential Address: _____

Suburb: _____ State: _____ Postcode: _____

Relationship to child: _____

What is your cultural background: _____

Country of birth: _____

What language is spoken at home? _____ Do you need an interpreter? Yes ☐ No ☐

SUBSIDY CARDS / VISAS

Does the family hold a subsidy card/immigration visa? *If Yes, please attach a copy of the subsidy card (clearly showing name, card number and expiry date) or visa.* Yes ☐ No ☐

☐ A Commonwealth Health Care Card

☐ A Commonwealth Pensioner Concession Card

☐ A Child Disability Health Care Card

☐ A Department of Veterans Affairs Gold Card or White Card

☐ Refugee or Asylum Seeker visa (subclass 200, 201, 202, 203, 204, 449, 785, 786, 790 or 866) or an ImmiCard (current or expired)

☐ Bridging Visas for any of the above Refugee or Asylum Seeker visas

Card Number: _____ Expiry Date (mm/yy): _____ / _____ / _____

This card belongs to: ☐ Child ☐ Parent/Guardian 1 ☐ Parent/Guardian 2

ADDITIONAL INFORMATION

Do you live in the City of Maribyrnong? *(Please attach supporting documentation)* Yes ☐ No ☐

HIGH SUPPORT NEEDS

Does your child have high support needs¹? Yes ☐ No ☐

Please attach a letter and/or documentation from a registered support agency or medical professional. Contact may be made with the person making the referral or providing the supporting documentation with prior family consent.

Please give a brief description: _____

Is this child currently in an Out of Home Care arrangement including foster, permanent or kinship care²? Yes ☐ No ☐

Have you had any contact with Child Protection or been referred by Child Protection to Child FIRST? Yes ☐ No ☐

OTHER DETAILS

Is this child identified as an Aboriginal and/or Torres Strait Islander? Yes ☐ No ☐

Does this child or parent/guardian have refugee or asylum seeker status or a refugee like experience³? *Attach copy of visa (that could be a child or the parent of a child that holds one of the visas listed on page 2).* Yes ☐ No ☐

Does your child have a current Australian Immunisation History Statement? *Families are required to provide proof of child's immunisation status at enrolment for long day care and kindergarten.* Yes ☐ No ☐

1. High support needs refers to children having an identified specific disability or developmental delay, requiring assistance to participate in early childhood programs or require support from a combination of services, which are individually planned.
2. Out of home care refers to the placement of children away from their parents, due to concern that they are at risk of significant harm.
3.If you don't have one of the visas on page 2, but have had an experience of displacement (a refugee or similar experience) the CRS team will contact you.