



Central Registration System

Application form



AN INTRODUCTION TO THE CENTRAL REGISTRATION SYSTEM

Yarra City Council's Central Registration System provides an easy and equitable way for families to register their children into Council operated or participating community based Children's Services, including:

- Long day care
- 3-year-old kindergarten / activity group
- 4-year-old sessional kindergarten

The system enables families to select a range of preferred services and centres with just one registration.

MATERNAL AND CHILD HEALTH SERVICE

Are you in contact with your local Maternal and Child Health (MCH) Nurse? The MCH Service is available to you for advice and support on parenting, assessment of your child's growth and development, and family health needs. For an appointment, please ring 9205 5599.

Central Registration System application form To be completed for each child



Dear parent,

Thank you for enquiring into Yarra Council's Central Registration System for Children's Services. Enclosed is an application form covering places in long day care centres, 3-year-old kindergarten/activity group and 4-year-old kindergarten. Please complete and return this form as soon as possible.

By completing this form, you are registering your child for a children's service in Yarra. Your details and service preferences will be recorded on the register to ensure your child is offered a place at a children's service in line with the information you have provided on the form.

Council also encourages you to register for future services you may require and to nominate your preferences for kindergarten on this form.

Please complete all sections of this form.

Incomplete forms will be returned and may delay your application being processed.

Completed forms with supporting documents and administration payment should be returned to:

Central Registration Officer
Yarra City Council
Children's Services
PO Box 168
Richmond 3121

Phone: 9205 5438

Email: waitinglist@yarracity.vic.gov.au

If you speak a language other than English and need assistance to complete this form, call Council's interpreter service on 9280 1940 and quote ref. 17165.

Please print in block letters in the space provided, or tick the relevant box where required.

CHILD'S DETAILS *(Note: we cannot accept applications for unborn children)*

First name: _____

Surname: _____

Date of birth: (dd/mm/yy) _____

Gender: Male Female

PARENT/GUARDIAN DETAILS

(If contact details are same for both parent/guardian write AA for Parent/Guardian 2)

Please note: Parent/Guardian 1 information will be used for correspondence

PARENT/GUARDIAN 1

Title: _____

First name: _____

Surname: _____

Address: _____

Postcode: _____

Phone (home): _____

Phone (work): _____

Mobile: _____

Email: _____

Relationship to child: _____

Preferred method of correspondence: Post Email

PARENT/GUARDIAN 2

Title: _____

First name: _____

Surname: _____

Address: _____

Postcode: _____

Phone (home): _____

Phone (work): _____

Mobile: _____

Email: _____

Relationship to child: _____

PARENT/GUARDIAN INFORMATION

Is your child of Aboriginal or Torres Strait Islander descent? Yes No

Do you require an interpreter? Yes No

Parent # 1. What is your first language? _____

Parent # 2. What is your first language? _____

Are you a current Health Care Card Holder? Yes No

Card number: _____ Expiry date: _____

Please supply a copy of your current Health Care Card

Is your child currently enrolled in a long day care or kindergarten service within the City of Yarra? Yes No

If yes, which one? _____



REASON FOR WANTING CHILDCARE/KINDERGARTEN (tick applicable)

- Are you a resident of Yarra? Yes No
- Are you a single parent? Yes No
- Are you a parent working, returning to work, or studying? Yes No
- If yes, are you working, returning to work, or studying in Yarra? Yes No
- Are you a parent seeking work? Yes No
- Is childcare required to enable respite for parents? Yes No
- Does any family member have a disability? Yes No
- Are any siblings currently enrolled in a Council operated children's service or participating community based children's service? Yes No

Child's name: _____

Service name: _____

Is there any other information that may assist your application?

Does your child have an additional need which may require specialist assistance?
 E.g. early intervention, speech therapy, paediatric services, family support, etc.

Unsure Yes No

Have you been referred to Yarra's Early Years Services from a support agency?

Yes No

Name of agency: _____

Please feel free to provide further information to assist planning for your child's transition into care. All information will be treated as confidential. Attach any relevant documents.

DOCUMENTS

Access to children's services in the City of Yarra is guided by commonwealth guidelines and/or Council's Priority of Access Policy. You are required to provide documentation to support your claim for priority. Please ensure you include copies of these when submitting your application form.

Incomplete application forms will be returned for your attention and may delay your application being processed.

Please provide copies of the following, if relevant to your application.

Proof of residency

(please provide one copy of A, B or C)

- A. Current rates notice
- B. Current utility account
- C. Bank statement

Proof of concession status

- D. Concession Health Care Card

Proof of employment or study

(please provide one copy of E or F)

- E. Proof of employment (e.g. payslip)
- F. Statement of enrolment in study



SERVICE PREFERENCE

From the list of services given, please nominate the services you wish to register for.

Your child may be offered a place at any of the services you have listed as a preference, so we encourage you to nominate services at which you would happily accept a place if offered. We suggest that you visit the services you have nominated.

The greater number of services nominated will increase the probability of being offered a vacancy.

The first available vacancy at any of your nominated services will be offered to your child.

KINDERGARTEN PROGRAMS

In addition to registering your child for long day care, you may also nominate your preference for kindergarten on this form (see overleaf). You may choose from sessional kindergarten programs or kindergarten programs that operate under a long day care model.

4-YEAR-OLD SESSIONAL KINDERGARTEN

The Victorian Government provides funding so children can access a sessional kindergarten program in the year before they start school. To be eligible, a child must be 4 years of age by 30 April in the year they commence kindergarten.

Your child can only be counted at one kindergarten location and attend only one kindergarten program at any one time.

Your MCH nurse will be happy to provide information and advice regarding school entry age.

LONG DAY CARE

Please **number 1–4** (in order of preference) which centres you wish to be considered for:

- North Carlton Children’s Centre, 481 Canning Street, North Carlton
- Yarraberg Street Children’s Centre, 4 River Street, Richmond
- Gold Street Children’s Centre, 64 Gold Street, Collingwood
- Keele Street Children’s Centre, 171 Keele Street, Collingwood
- Connie Benn Early Learning Centre, 160 Brunswick Street, Fitzroy

How many days per week do you require long day care? (insert a number 1–5)

Which days do you require?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

If they were to become vacant, would you accept alternative days and/or less than your preferred days? Yes No

When applying for children’s services, families can nominate a date from which they would like the registration to become ‘active’ on the list. When the registration is ‘active’, families are indicating they are prepared to accept a vacancy when it is offered.

Date for your registration to be made active: (dd/mm/yy)

Central Registration System application form



KINDERGARTEN PROGRAMS

You may choose from sessional kindergarten programs or kindergarten programs that operate under a long day care model. To be eligible for 4-year-old sessional kindergarten, a child must be 4 years of age by 30 April in the year they commence kindergarten.

3-YEAR-OLD KINDERGARTEN/ACTIVITY GROUP

Please indicate in which year your child will attend 3-year-old kindergarten/activity group:

Date of Birth:

Attendance In:

- | | |
|-------------------------|-------------------------------|
| 01/05/2014 – 30/04/2015 | <input type="checkbox"/> 2018 |
| 01/05/2015 – 30/04/2016 | <input type="checkbox"/> 2019 |
| 01/05/2016 – 30/04/2017 | <input type="checkbox"/> 2020 |
| 01/05/2017 – 30/04/2018 | <input type="checkbox"/> 2021 |
| 01/05/2018 – 30/04/2019 | <input type="checkbox"/> 2022 |
| 01/05/2019 – 30/04/2020 | <input type="checkbox"/> 2023 |
| 01/05/2020 – 30/04/2021 | <input type="checkbox"/> 2024 |

Please **number** (in order of preference) which 3-year-old kindergarten/activity group programs you wish to be considered for:

- Richmond Kindergarten, 27 Duke Street, Richmond
- Princes Hill Kindergarten, corner Wilson and Pigdon streets, Princes Hill
- North Carlton Kindergarten, 481 Canning Street, North Carlton
- Yarralea Children's Centre, 54 Yarralea Street, Alphington

4-YEAR-OLD SESSIONAL KINDERGARTEN

Please indicate in which year your child will attend 4-year-old kindergarten:

Date of birth:

Attendance in:

- | | |
|-------------------------|-------------------------------|
| 01/05/2013 – 30/04/2014 | <input type="checkbox"/> 2018 |
| 01/05/2014 – 30/04/2015 | <input type="checkbox"/> 2019 |
| 01/05/2015 – 30/04/2016 | <input type="checkbox"/> 2020 |
| 01/05/2016 – 30/04/2017 | <input type="checkbox"/> 2021 |
| 01/05/2017 – 30/04/2018 | <input type="checkbox"/> 2022 |
| 01/05/2018 – 30/04/2019 | <input type="checkbox"/> 2023 |
| 01/05/2019 – 30/04/2020 | <input type="checkbox"/> 2024 |

Please **number** (in order of preference) which 4-year-old kindergarten programs you wish to be considered for:

- Connie Benn Centre Kindergarten (sessional)
- Richmond Kindergarten (sessional)
- Princes Hill Kindergarten (sessional)
- North Carlton Kindergarten (sessional)
- Yarralea Children's Centre (sessional / long day care)
- Yarraberg Children's Centre Kindergarten Program (long day care)
- Gold Street Children's Centre Kindergarten Program (long day care)
- Connie Benn Centre Kindergarten Program (long day care)

Session times for your 3-year-old kindergarten/activity group or 4-year-old kindergarten enrolment will be confirmed by July prior to the year of commencement. To confirm current session times please visit www.yarracity.vic.gov.au, contact the relevant service directly, or contact the Central Registration Officer on 9205 5438.



CHECKLIST

- A one-off administration payment of \$15.00 (inc. GST) per child is required and can be made by:**
- > Cheque or money order payable to City of Yarra – Central Registration System
 - > Cash and EFTPOS facilities available at both the Richmond and Collingwood town halls
 - > Credit card (please complete credit card details below)
- Please note: this administration fee will be waived upon receipt of a certified copy of your Health Care Card.

I have enclosed a copy of:

Proof of residency: (please provide one copy of A, B or C)

- A. Current rates notice
- B. Current utility account
- C. Bank statement

Proof of concession status:

- D. Concession Health Care Card

Proof of employment or study

(if working or studying in the City of Yarra):

(please provide one copy of E or F)

- E. Proof of employment (e.g. payslip)
- F. Statement of enrolment in study
- I have indicated preferences for child care/kindergarten/long day care at which I am willing to accept a placement
- I have completed the Additional Needs section (if applicable)
- > Please retain a copy for your own records

PRIVACY STATEMENT

Council is collecting personal information for the direct purpose of administering the Central Registration System. The information will be given to the participating services you nominate for the purpose of registering your child in that service, and will not be disclosed to any other party except as required by law. You may access this information and correct it if necessary by contacting the Early Years Coordinator on 9205 5441.

DECLARATION

The information contained in this application for Yarra City Council's Central Registration System is true and correct. I understand that deliberately providing misleading information may lead to my place/offer being revoked.

I understand that incomplete forms and/or non-payment will be returned for my attention and may delay my application being processed.

Parent or guardian signature: _____

Date: _____

PAYMENT DETAILS

I enclose my payment by:

- CHEQUE
- MONEY ORDER
- CREDIT CARD*

CENTRAL REGISTRATION FEE TOTAL:

\$ _____ Internal ref: 00156.1001.1979

Please make cheque payable to City of Yarra – Central Registration System

PLEASE CHARGE MY

*A surcharge fee of 0.5% applies to Visa and Mastercard credit card payments

- MASTERCARD*
- VISA*

TOTAL: \$ _____

CREDIT CARD No. | | | | | | | | | | | | | | | | | | | | | |

EXPIRY DATE _____

CARDHOLDERS NAME: _____

SIGNATURE OF CARDHOLDER: _____

RETURN TO:

Central Registration System
Yarra City Council
PO Box 168, Richmond 3121

Or email: waitinglist@yarracity.vic.gov.au