



2025 Registration Form 3 Year Old Kindergarten

HOW TO SUBMIT THIS FORM:

You can lodge this form at any of the following locations:

- In person at The Grange Community Centre – 260-280 Hogans Road, Hoppers Crossing
- By mail to The Grange Community Centre – 260-280 Hogans Road, Hoppers Crossing, VIC, 3029
- By email to enquiries@grangecommunity.org.au

Office use only:

Application no:

Registration Date:

Date Registration Fee Processed:

CHILD'S DETAILS:

Child's First Name _____ Family Name/Surname: _____
(as stated on their birth certificate)

Gender: Male Female Other

Date of Birth: ___/___/___

Child CRN:

Country of Birth:
If not Australia, please state year of arrival:

Cultural Background:

Language spoken:

Home Address:

Suburb:

Postcode:

Is your child of Australian Aboriginal or Torres Strait Islander descent? (Please tick on box only)

- No
 Yes, Australian Aboriginal
 Yes, Torres Strait Islander
 Yes, both Australian Aboriginal and Torres Strait Islander

Please indicate if any of the following are applicable:

- Department of Health and Human Services (DHHS) or a similar support agency Involvement

If yes, please provide contact details

Agency name

Contact Name:

Contact Number:

- Child Protection Involvement

If yes, please provide contact details of case worker

Contact Name:

Contact Number:

- Child living in Out of Home Care (OHC):

Foster care / permanent care / kinship care (Please circle)

Does the family have a Commonwealth Health Care Card?

Yes

No

PARENT / LEGAL GUARDIAN 1 DETAILS: (Please be advised all correspondence will be sent to Parent 1 – Primary Carer)		
Title: Mr <input type="checkbox"/> , Mrs <input type="checkbox"/> , Ms <input type="checkbox"/> , Miss <input type="checkbox"/> , Other <input type="checkbox"/> Please specify:		
Given Name:	Family Name:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Date of Birth:	
Relationship to Child:	Does the child live with this parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Address: (if same as child, please tick <input type="checkbox"/>)	Suburb:	Postcode:
Country of Birth: <i>If not Australia, please state year of arrival:</i>	Cultural Background:	Language Spoken: Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No
CRN Number:		
(Please note, the primary parent is the person the child is listed under Centrelink with)		
Do you identify as Australian Aboriginal or Torres Strait Islander descent? <input type="checkbox"/> No <input type="checkbox"/> Yes, Australian Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Australian Aboriginal and Torres Strait Islander		
Telephone:	Work:	Mobile:
Email:		Occupation:
Work Address:		Postcode:
PARENT / LEGAL GUARDIAN 2 DETAILS:		
Title: Mr <input type="checkbox"/> , Mrs <input type="checkbox"/> , Ms <input type="checkbox"/> , Miss <input type="checkbox"/> , Other <input type="checkbox"/> Please specify:		
Given Name:	Family Name:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Date of Birth:	
Relationship to Child:	Does the child live with this parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Address: (if same as child, please tick <input type="checkbox"/>)	Suburb:	Postcode:
Country of Birth: <i>If not Australia, please state year of arrival:</i>	Cultural Background:	Language Spoken: Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you identify as Australian Aboriginal or Torres Strait Islander descent? <input type="checkbox"/> No <input type="checkbox"/> Yes, Australian Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Australian Aboriginal and Torres Strait Islander		
Telephone:	Work:	Mobile:
Email:		Occupation:
Work Address:		Postcode:

OTHER HOUSEHOLD MEMBERS:

Sibling name:	DOB:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Sibling name:	DOB:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Sibling name:	DOB:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Sibling name:	DOB:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>

Are there any other people living in the child's home? Yes No

Name:	Relationship to child:
Name:	Relationship to child:
Name:	Relationship to child:

KINDERGARTEN FEE SUBSIDY

Do you or your child have one of the following cards/Visas?

- 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

Card number (applicable to above): Expiry Date:

- A Refugee or Asylum Seeker Visa Bridging Visas for any of the Refugee or Asylum Seeker visas listed to the left
(200, 201, 202, 203, 204, 449, 785, 786, 790, 866)
 Immicard (current or expired)

Visa number (applicable to above): Expiry Date:

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

Do you or your child have Refugee or Asylum Seeker status: No Child Parent/Guardian 1 Parent/Guardian 2

FEE SCHEDULE

NOTE: Due to the Victorian Government directive, 3-year-old Kindergarten will be free for 2025.

INFORMATION ABOUT YOUR CHILD, MEDICAL CONDITIONS & SPECIFIC HEALTH CARE NEEDS

Is your child's immunisation history up to date? Yes, 18months Yes, 4 years No

Under the 'No Jab, No play' legislation, all families seeking to enrol their child at an early years' service in Victoria will be required to provide evidence that their child is:

- Fully immunised
- Is on a recognised catch up schedule if the child has fallen behind with their vaccinations
- Has a medical reason not to be vaccinated (medical doctor exception required)

You will be required to provide an Immunisation History Statement from the Australian Childhood Immunisation Register showing that your child is up to date with their immunisation at the time of enrolment. For further information go to www.mygov.au | Click on Medicare Section | Click on Immunisation History Statement

Does your child have any of the following health conditions?

Asthma Anaphylaxis Allergy Epilepsy Diabetes Other, please specify:

Please note, an action plan will be required at the time of enrolment.

Does your child have a diagnosed disability/disorder/condition? Awaiting diagnosis Yes No

Please list: _____

If yes, please provide any supporting documentation.

Are there any specialist or agencies involved with you or your child? Yes No

e.g., Noahs Ark, IPC, Anglicare, Paediatrician

If yes, please provide contact details below and attach any supporting documentation.

Agency Name:

Contact Name:

Contact Number:

Agency Name:

Contact Name:

Contact Number:

Are there any court orders, parenting orders or parenting plans in place relating to the powers, duties, responsibilities, or authorities of any person in relation to the child or access to the child?

Yes No

If yes, please attach any supporting documentation.

Do you have any concerns about your child's development? Yes No

If yes, please provide details and attach any supporting documentation.

PRIVACY INFORMATION

The Grange Community Centre is bound by the Privacy and Data Protection Act 2014 and the Health Records Act 2001. Your consent is required for the collection and use of your personal and/or health information and that of your child. The personal and health information requested on this form is being collected by The Grange Community Centre for the purpose of planning and delivering proper health and developmental care and education services to your child while obtaining and/or attending The Grange Community Centre 3-Year-Old Kindergarten Program. The information will be used by The Grange Community Centre, and it may be shared with Educators, early intervention, health and welfare service providers for the purposes mentioned. Your information will be stored in The Grange Community Centre Customer Database and used to identify you when communicating with us and for The Grange Community Centre to deliver services and information to you. The information will only be disclosed to other persons or agencies if consented to by both parents; or the authorised parent/guardian; or as permitted by law. For further information on how your personal and health information will be handled, see The Grange Community Centre Privacy Policy on our website, a copy is also available at the service. Authorised parents and guardians may apply for access and/or amendment of the information. Requests for access and/or amendment of the information should be made in writing.

AUTHORISATION & DECARATION

I/We declare that information contained in this registration form is true and correct and will undertake to immediately inform The Grange Community Centre in the event of any change to the information. I consent to the collection and use of personal and health information on this form as outlined above in the Privacy Notification section.

Parent / Legal Guardian 1 Name:

Signature:

Date: / /

Parent / Legal Guardian 2 Name:

Signature:

Date: / /

CREDIT CARD PAYMENT FORM

TO: The Grange Community Centre

PAYMENT FOR: 2025 Kindergarten Registration Fee for
_____ (CHILD NAME)

AMOUNT (per registration): \$50.00

CARD TYPE: Mastercard Visa

CARD HOLER NAME: _____

CARD NUMBER: _____

EXPIRY DATE: _____ **CARD CCV:** _____

CARD HOLDER ADDRESS: _____

CARD HOLDER MOBILE: _____

SIGNATURE: _____ **DATE:** ____ / ____ / ____

(I declare that the information supplied is true and correct)

Paid by cash on ____ / ____ / ____