

FRANKSTON CITY COUNCIL 4 YEAR OLD KINDERGARTEN ENROLMENT REGISTRATION FORM

To be completed by parents/guardians who want to secure their child's place in a local kindergarten:

- New Application (For new kindergarten enrolments)
- Defer Existing Application to _____ (year)
- Changes to existing Application (address, preferences, details etc) My old application number is: _____



Office Use Only
Enrolment Number: _____
Date : _____

CHILDS DETAILS

Family Name: _____ Given Name/s: _____

Date Of Birth: _____ Male Female Country of Birth: _____

PARENTS/GUARDIANS DETAILS

Family Name: _____ Given Name: _____

Title: Mr/Mrs/Miss/Ms/Other: _____ Relationship to Child: _____

Residential Address: _____ Postcode: _____

Telephone (Home): _____ (Work): _____ (Mobile): _____

Email address (if available): _____

Do you wish to receive emails on future Children's Services events? Yes No

Do you identify as being an Aboriginal or Torres Strait Islander? Yes No

Do you speak a language other than English at home? Yes No Interpreter Required: Yes No

If yes please specify language and dialect: _____

Other children's services used: Childcare Playgroup 3yr Old Preschool Maternal Child Health

Other: _____

Do you hold a Health Care/Pension Card Yes No Card No: _____

Please ensure your child has had their 3 ½ year old health check at a Maternal Child Health Centre and the blue Child Health Record has been completed prior to commencement of kindergarten.

SPECIAL NEEDS/REQUIREMENTS

Does your child have any special needs/requirements?: Yes No

If yes, would you like someone to contact you to discuss your child's needs/requirements? Yes No

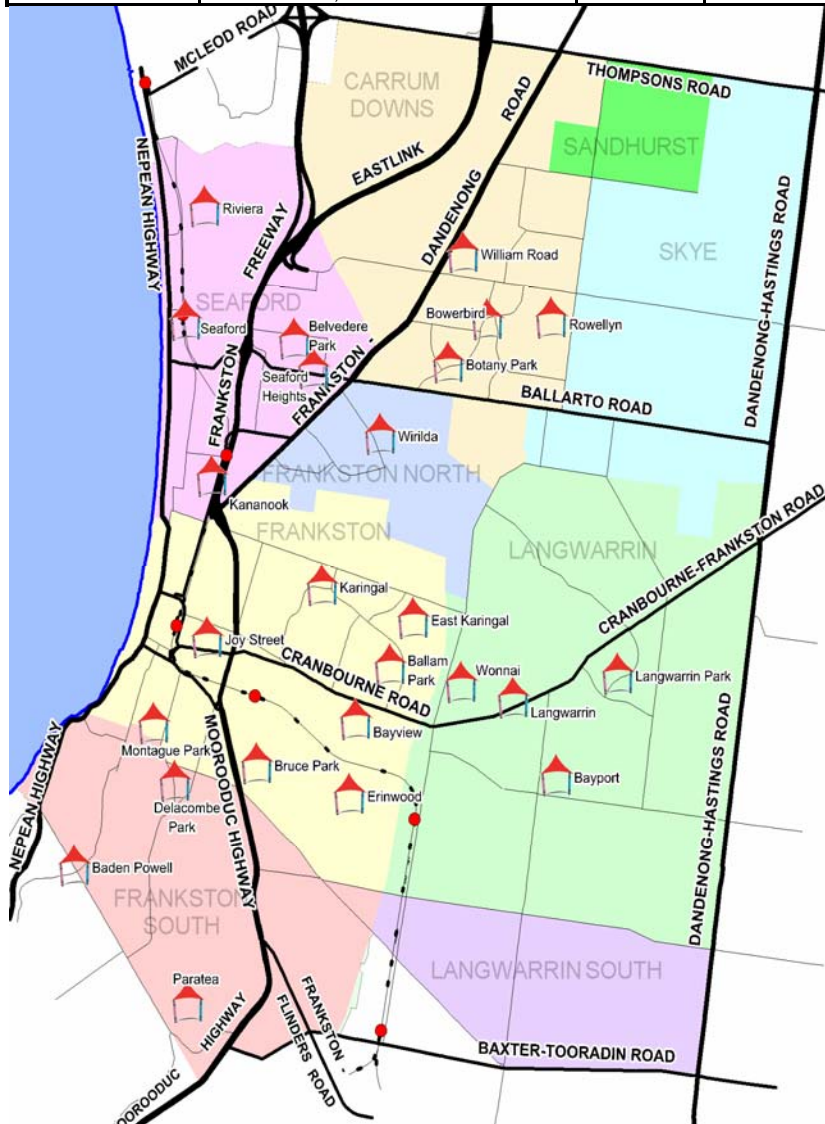
Comments: _____

TELEPHONE: 1300 322 322  **TTY (Hearing Impaired): 9784 1951**

We respect your privacy. We will not sell or give away your personal information, unless required by law. Occasionally we may use your details for our own research purposes or to let you know about other Council information. If you want to see your personal data, modify details or if you receive information from us you do not want in the future please contact 97841014.

FRANKSTON CITY COUNCIL KINDERGARTENS

Kindergarten	Address	Telephone	Kindergarten	Address	Telephone
Baden Powell	Humphries Road, Frankston	9787 2166	Karingal	Ashleigh Avenue, Frankston	9789 0225
Ballam Park	Naranga Crescent, Frankston	9789 1267	Langwarrin	Long Street, Langwarrin	9776 5700
Bayport	Bayport Drive, Langwarrin	9776 5222	Langwarrin Park	Burgess Drive, Langwarrin	9775 7088
Bayview	13 Willow Road, Frankston	9789 1958	Montague Park	Bentley Place, Frankston	9783 4191
Belvedere Park	2 Keerok Avenue, Seaford	9786 3385	Paratea	Paratea Avenue, Frankston	9787 3842
Botany Park	53 Lyrebird Drive, Carrum Downs	9786 0013	Riviera	Newton Street, Seaford	9786 5771
Bowerbird	136-138 Lyrebird Drive, Carrum Downs	9786 9380	Rowellyn	Rowellyn Avenue, Carrum Downs	9782 0700
Bruce Park	23 Margate Avenue, Frankston	9783 4622	Seaford	McRae Street, Seaford	9786 1720
Delacombe Park	Overport Road, Frankston	9783 2015	Seaford Heights	Prince Crescent, Seaford	9786 6940
East Karingal	Havana Crescent, Frankston	9789 4884	William Road	William Road, Carrum Downs	9782 1594
Erinwood	111 Raphael Crescent, Frankston	9789 8789	Wirilda	Wirilda Crescent, Frankston North	9786 7356
Joy Street	Joy Street, Frankston	9783 3819	Wonnai	2 Elm Grove, Langwarrin	9789 2642
Kananook	Buna Avenue, Seaford	9786 6413			



Preference 1:

Preference 2:

Preference 3:

Every effort will be made to place your child at the kindergarten of your choice.

Parent/Guardian Signature:

Date:

