



**Office use only**  
**Date received:** \_\_\_\_\_  
**Entered by:** \_\_\_\_\_

## ALTERATION TO REGISTRATION KINDERGARTEN AND PRESCHOOL

Please note this is an alteration to registration form only, not a guarantee of placement. This form is only used for kindergartens participating in Central Enrolment in the Bayside Municipality.

**CHILD'S DETAILS:** Family name: \_\_\_\_\_

Given name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

**WHICH YEAR WILL YOUR CHILD BE ATTENDING:** 3yr old \_\_\_\_\_ 4yr old \_\_\_\_\_

**PARENT/GUARDIAN DETAILS:**

Dr/Mr/Mrs/Ms/Miss (Please circle)

Dr/Mr/Mrs/Ms/Miss (Please circle)

Family name: \_\_\_\_\_

Family name: \_\_\_\_\_

Given name: \_\_\_\_\_

Given name: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_

Telephone: (H) \_\_\_\_\_

(W) \_\_\_\_\_

(W) \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

3yr old kindergarten attended (only applicable to four year old applications): \_\_\_\_\_

**KINDERGARTEN / PRE-SCHOOL PREFERENCES**

First: \_\_\_\_\_ Second: \_\_\_\_\_

HAS A SIBLING ATTENDED YOUR FIRST PREFERENCE PRESCHOOL? YES / NO

If yes, sibling name: \_\_\_\_\_ Year attended: \_\_\_\_\_

IS THIS CHILD A MULTIPLE BIRTH OR IS THERE A SIBLING THAT WILL GO TO PRESCHOOL AT THE SAME TIME?

YES / NO If yes, sibling name: \_\_\_\_\_ Preschool \_\_\_\_\_

EVIDENCE OF ANY TIE TO THE BAYSIDE MUNICIPALITY ATTACHED: YES / NO

You will need to attach evidence of any tie (live, work, study or child care) to the Bayside Municipality. This may include a copy of a rates or utility invoice, confirmation of employment location from your employer, letter from your education provider, or letter/statutory declaration from your child care provider stating number of hours in care. Note: this will be used to calculate proximity to the preschool.

PLEASE INDICATE IF YOUR CHILD HAS ANY SPECIAL NEEDS eg. language difficulty, hearing, medical need etc (provision of this information is voluntary. This information will be passed to preschool/kindergarten to assist in the provision of services).

Please return the completed form to Bayside City Council, PO Box 27, 76 Royal Avenue, Sandringham 3191. If you have not received confirmation of receipt of your alterations within one month of lodging your application form please contact the Bayside City Council on 9599 4444 or enquiries@bayside.vic.gov.au.

I declare that all of the information provided is true and correct.

Signature of Parent/Guardian: \_\_\_\_\_ Print name: \_\_\_\_\_

**COLLECTION STATEMENT**

Council collects your and your child's personal and health information for the purpose of enrolling your child in a preschool, ensuring your child's safety and for internal research purposes. This information may be disclosed to pre-school operators and relevant medical personnel. If you do not provide this information, we may be unable to enrol your child. If you have any queries or wish to gain access to your information, please contact Council's privacy officer on 03 9599 4444 or at privacy@bayside.vic.gov.au.