

Family Day Care Waiting List Form



INSTRUCTIONS:

Complete this form clearly using CAPITAL LETTERS.
One (1) registration form is required for each child.
Only fully completed forms are processed.
Follow-up regarding missing information will delay processing of the form.

I WISH TO REGISTER MY CHILD TO ATTEND:

☐ Family Day Care

Has this child previously been registered in the Moonee Valley Central Registration Service?

☐ Yes ☐ No

CHILD'S DETAILS (as stated on Birth Certificate)

Given/First Name

Family Name/Surname

Date of Birth (XX/XX/XXXX)

Gender

☐ Male ☐ Female ☐ Other

Attach a copy of the child's Birth Certificate, passport or immunisation statement from the Australian Childhood Immunisation Register confirming the child's name and date of birth.

Child's Country of Birth

Language/s spoken at home (cultural background)

1. Is this child of Aboriginal and/or Torres Strait Islander descent?

☐ No ☐ Both

☐ Yes, Aboriginal

☐ Yes, Torres Strait Islander

2. Is this child identified on their birth certificate as being a:

☐ Twin ☐ Triplet ☐ Quadruplet

If yes, please provide other child/ren's name

CONCESSION CARD HOLDERS (✓relevant card)

3. Do you or this child hold a listed card/visa? If yes please tick relevant card. Valid subsidy card or visa are listed below.

☐ Yes ☐ No

☐ Commonwealth Health Care Card

☐ Commonwealth Pensioner Card

☐ Department of Veterans' Affairs Gold Card or White Card

☐ In-country Special Humanitarian visa (subclass 201)

☐ Refugee visa (subclass 200)

☐ Protection visa (subclass 866)

☐ Temporary Humanitarian Concern visa (sub class 203)

☐ Global Special Humanitarian visa (subclass 202)

☐ Emergency Rescue visa (subclass 203)

☐ Women at risk visa (subclass 204)

☐ Bridging visas A-E

Attach a copy of the front and back of the card/visa.

OFFICE USE ONLY - DO NOT COMPLETE

Date Received Stamp:

CRS Ref No:

Trim Ref No:

PARENT/GUARDIAN 1 DETAILS (child's primary carer)

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

Title

☐ Mr ☐ Mrs ☐ Ms
☐ Miss ☐ Dr ☐ Other

Given/First Name

Family Name/Surname

Contact phone number

Email

Current residential address

Suburb and Postcode

Relationship to the child

Country of birth

Language/s spoken at home

Interpreter required

☐ Yes ☐ No

Postal address (if different to above)

Preferred method of correspondence

☐ Email ☐ Mail

PARENT/GUARDIAN 2 DETAILS

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

Title

☐ Mr ☐ Mrs ☐ Ms
☐ Miss ☐ Dr ☐ Other

Given/First Name

Family Name/Surname

Contact phone number

Email

Current residential address (if different to Parent/Guardian 1)

Suburb and Postcode

Relationship to the child

Country of birth

Language/s spoken at home

Interpreter required

☐ Yes ☐ No

MUNICIPAL LINK

4. Are you a current Moonee Valley resident?

☐ Yes ☐ No

If yes, attach a copy of your current rates notice, utilities bill or rental agreement in the name of the Parent / Guardian confirming you are a resident at the specified address.

5. If no, are you a current Moonee Valley ratepayer?

☐ Yes ☐ No

If yes, attach a copy of your current rates notice.

6. If no, do you currently access Moonee Valley for two days or more for any of the following?

☐ Work ☐ Study
☐ Formal/Informal Care

Provide a letter of evidence or statutory declaration from workplace/institution where studying, formal care provider, or a statutory declaration and proof of residency from your informal care provider.

7. Does a sibling of this child currently attend a Moonee Valley-managed Children's Service?

☐ Yes ☐ No

If yes, please provide the sibling's name and service they are currently attending

CHILD INFORMATION (additional needs and support)

8. Does this child have a developmental delay, disability including intellectual, sensory or physical impairment or require any additional support to participate/attend a kindergarten program?

☐ Yes ☐ No

If yes, please attach supporting documentation/letter from a registered support agency.

If yes, please provide details below

9. Does this child need assistance to help them attend Family Day Care?

☐ Yes ☐ No

If yes, please provide details to assist planning for the needs of the child

10. Has this child or family been referred to a support agency? e.g. Early Intervention, Family Services.

☐ Yes ☐ No

If yes, please attach supporting documentation/letter from a registered support agency.

If yes, please provide the name of the agency and/or the type of services

11. Are you or this child known to Child Protection or Child FIRST?

☐ Yes ☐ No

If yes, please provide the name of the agency and/or the type of services

12. Is this child currently in an Out of Home Care arrangement including kinship care?

☐ Yes ☐ No

Out of home care is the term used to describe the placement of children away from their parents, due to concern that they are at risk of significant harm

If yes, please supply a copy of the Guardianship papers or a Statutory Declaration (witnessed at a Police Station) confirming the child is in Out of Home Care.

13. Are you a single parent who satisfies, or both parents who satisfy, the work/training/study test under Section 14 of the A New Tax System (Family Assistance) Act 1999?

☐ Yes ☐ No

Privacy information

The collection and handling of personal information will be conducted in accordance with Council's Privacy Policy which is displayed on Council's website or is available for inspection at Council's customer service centre.

Please refer to the Privacy Policy for further information at mvcc.vic.gov.au/privacy

Completed registration forms can be returned by:

Email: childcare@mvcc.vic.gov.au

Post: **Family Day Care** Registration Service
PO Box 126
Moonee Ponds VIC 3039

In person: Moonee Valley Civic Centre
9 Kellaway Avenue
Moonee Ponds VIC 3039

CHILD CARE REQUIREMENTS

*When choosing your start date please consider that the majority of positions become available at the beginning of every year. **This application does not guarantee a place will be available at your nominated start date.**

Date of care required from:

Preferred days of care required: (Please tick)

☐ Monday ☐ Tuesday
☐ Wednesday ☐ Thursday
☐ Friday

Can these days be flexible?

☐ Yes ☐ No

CHOICE OF SERVICE

Please number in order of preference.
1 being your first preference.

☐ **Airport West**

☐ **Avondale Heights**

☐ **Niddrie**

CHECKLIST

Supporting documentation

– photocopied and attached to this form

- ☐ Proof of child's age
- ☐ Proof of Moonee Valley Residency (if applicable)
- ☐ Proof of Moonee Valley Ratepayer (if applicable)
- ☐ Proof of municipal link to Moonee Valley City Council
- ☐ Supporting documentation for child's additional needs/support agency (if applicable)

DECLARATION

I declare that the information provided in this form is true and correct.

Print name of parent/guardian

Parent/guardian signature

Date:

Moonee Valley Language Line

عربي	Arabic	9280 0738	Ελληνικά	Greek	9280 0741	Español	Spanish	9280 0744
中文	Cantonese	9280 0739	Italiano	Italian	9280 0742	Türkçe	Turkish	9280 0745
Hrvatski	Croatian	9280 0740	Somali	Somali	9280 0743	Việt-ngữ	Vietnamese	9280 0746

All other languages 9280 0747

National Relay Service 13 36 77 or relayservice.gov.au

Moonee Valley City Council
9 Kellaway Avenue PO Box 126 Moonee Ponds VIC 3039
Telephone: 03 9243 8888 Fax: 03 9377 2100
Email: council@mvcc.vic.gov.au Website: mvcc.vic.gov.au

