

## Kindergarten Registration Referral Form

- Phone enquiries can be directed to the Central Registration Team on 1300 787 624
- Please email the completed referral form to: [kindergartens@cardinia.vic.gov.au](mailto:kindergartens@cardinia.vic.gov.au)

Referrer details	
Full name of referrer:	
Agency or service name:	
Phone number for referrer:	
Email address for referrer:	
Authorised guardian details	
Full name of authorised guardian:	
Phone number for authorised guardian:	
Residential address for authorised guardian:	
Email address for authorised guardian:	
Child details	
Full name of child:	
Date of birth for child:	
Supporting information	
Please select if applicable to the above referred child:	<input type="checkbox"/> Refugee / Asylum Seeker background <input type="checkbox"/> Aboriginal / Torres Strait Islander <input type="checkbox"/> Had contact or past involvement with child protection
Does the authorised guardian require an interpreter?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Language required:
Any additional comments to support the referral:	
Date of referral:	
Declaration	
<input type="checkbox"/> Consent has been obtained by the authorised guardian to make this referral. <input type="checkbox"/> Consent has been obtained for the Central Registration Officer/s to discuss details of referral with the referrer.	