

Login

Central Registration System Login	If you don't already have an account you can create one now.
Email Password Login Forgot Password?	Create New Account Click on Create New Account

Contact council if you believe an account should already exist but you don't have the details.

New Account

nation		
vstem	Please enter your details	
	First Name*	
	Last Name*	
	Please provide at least one phone number*	
	Home Phone W	Work
	Mobile Fa	Fax
	The email address you enter below will be the User name you u	ou use when you log into the system once you are registered.
	Email*	
	Confirm Email*	

Fill in all details then click create account



Confirmation	
New Account	Success
Confirmation Exit System	Your Account has successfully been created.
	Please check your email to confirm your account.
	Login Now

Check your email

Update your password

hange Password	Logged In:	
Change Password		



Parent Informatio	on
Blassa fill is your details	
Email	Change Email
Name	
Please fill in at least one form o	of contact ^e
Mobile	Fax
Preferred Metho	d* Email 🗸
Current Pesidenti	ial Addross
Current Resident	
If you live within the Council are	ea, please use the Council Address below to select your address. Use the
Other Address button only in you	Other Address Council Address
Selected Address Not	Set
Selected Address Not Postal Address	Set
Selected Address Not Postal Address You can prefill your address fro	Set
Selected Address Not Postal Address You can prefil your address fro	Set m your residential address. Otherwise please enter your details. Edit Address Residential
Selected Address Not Postal Address You can prefill your address fro	Set m your residential address. Otherwise please enter your details. Edit Address Residential
Selected Address Not Postal Address You can prefill your address fro Selected Address Not	Set m your residential address. Otherwise please enter your details. Edit Address Residential Set
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Selected Address Not Postal Address You can prefill your address fro Selected Address Not Additional Inform Please provide the following inf Country of Origin	Set m your residential address. Otherwise please enter your details. Edit Address Residential Set formation, it will be used when registering children. Australia
Selected Address Not Postal Address You can prefil your address fro Selected Address Not Additional Inform Please provide the following inf Country of Origin Language Spoken at Home	Set m your residential address. Otherwise please enter your details. Edit Address Residential Set nation formation, it will be used when registering children. Australia
Selected Address Not Postal Address You can prefil your address fro Selected Address Not Additional Inform Please provide the following inf Country of Origin Language Spoken at Home	Set m your residential address. Otherwise please enter your details. Edit Address Residential Set formation, it will be used when registering children. Internation Tormation, it will be used when registering children. Internation
Selected Address Not Postal Address You can prefil your address from Selected Address Not Additional Inform Please provide the following inf Country of Origin Language Spoken at Home Do you require an interpreter	Set m your residential address. Otherwise please enter your details. Edit Address Residential Set Commation, it will be used when registering children. I Grunation P O Yes No

Complete all sections then click "Next"



Home	Logged In:				
Register a Child	Children				
Change Profile	Name		Date of Birth (Age)	Services	
Change Password		(Currently no children have been re	gistered.	
Logout					
	Applications				
	Application	Name	Status	Modified	
			Currently no applications are per	nding.	

Click on "Register a child"



Monash Central Registration System Preschool Services

Register a Child	Logged In:		
Child Details	Child Details		
Parent/Guardian Details			
Register for Services	Child's First Name*		
Circumstances	Child's Last Name*		
Attachments	Child's Gender:*	Select 🗸	
Application Summary	Date of Birth*		
Exit Application	Country of Birth*	Australia 🗸	Complete all details
	Cultural Background		Click "Next"
			Next >





















	Child:
Child Details	Circumstances
Parent/Guardian Details	Answer all questions carefully, filling in any details as required. As part of the application process you
Circumstances	win be required to apload supporting documents during the next step
Attachments	Resident of Monash / Rate Payer of Monash
Application Summary	Do you live in the City of Monash or pay rates to the City of Monash? If yes, please upload supporting documentation in the
Exit Application	next section. O Yes O No
	Did this child attend 3yo kinder at their first preference Kindergarten? O Yes O No
	Do you have an older child who attended the first preference Kindergarten in the last 3 years? O Yes O No
	Are there any court orders associated with this child? If yes, please upload supporting documentation in the next section. O Yes O No
	is this child: attending a three year old kindergarten program through Early Start Kindergarten or Access to Early Learning or
Answer all yes and no questions	Is this child: attending a three year old kindergarten program through Early Start Kindergarten or Access to Early Learning or referred by: Child Protection Child and Family services (family services referral and support team, Child FIRST) Maternal and Child Health nurse or Out-of-Home Care provider O Yes O No Do you identify as being a Torres Strait Islander? Yes O No
Answer all yes and no questions Then click "Next"	Is this child: attending a three year old kindergarten program through Early Start Kindergarten or Access to Early Learning or referred by: Child Protection Child and Family services (family services referral and support team, Child FIRST) Maternal and Child Health nurse or Out-of-Home Care provider Out-of-Home Care provider Yes No Do you identify as being a Torres Strait Islander? Yes No
Answer all yes and no questions Then click "Next"	Is this child: attending a three year old kindergarten program through Early Start Kindergarten or Access to Early Learning or referred by: Child Protection Child and Family services (tamily services referral and support team, Child FIRST) Maternal and Child Health nurse or Out-of-Home Care provider Out-of-Home Care provider Yes No Do you Identify as being a Torres Strait Islander? Yes No Do you Identify as being Aboriginal? Yes No Do you have a VISA that Identifies you and/or your child as being a refugee or asylum seeker? Yes No
Answer all yes and no questions Then click "Next"	Is this child: attending a three year old kindergarten program through Early Start Kindergarten or Access to Early Learning or referred by: Child Protection Child and Family services (family services referral and support team, Child FiRST) Maternal and Child Health nurse or Out-of-Home Care provider Out-of-Home Care provider Out-of-Home Care provider O you identify as being a Torres Strait Islander? Yes No Do you identify as being Aboriginal? Yes No Do you have a VISA that identifies you and/or your child as being a refugee or asylum seeker? Yes No Do you or your child have a Commonwealth Health Care Card, Pensioner Concession Card or Veteran's Affairs Card? Yes No
Answer all yes and no questions Then click "Next"	Is this child: attending a three year old kindergarten program through Early Start Kindergarten or Access to Early Learning or referred by: Child Protection Child and Family services (family services referral and support team, Child FIRST) Maternal and Child Health nurse or Out-of-Home Care provider Yers No Do you identify as being a Torree Strait Islander? Yers No Do you identify as being Aboriginal? Yers No Do you have a VISA that identifies you and/or your child as being a refugee or asylum seeker? Yers No Do you or your child have a Commonwealth Health Care Card, Pensioner Concession Card or Veteran's Affairs Card? Yers No Is this child part of a multiple birth? Yers No
Answer all yes and no questions Then click "Next"	Is this child: attending a three year old kindergarten program through Early Start Kindergarten or Access to Early Learning or referred by: Child Protection Child and Family services (family services referral and support team, Child FIRST) Matermal and Child Health nurse or Out-of-Home Care provider Out-of-Home Care provider O you identify as being a Torree Strait Islander? Yes No Do you identify as being Aboriginal? Yes No Do you identify as being Aboriginal? Yes No Do you or your child have a Commonwealth Health Care Card, Pensioner Concession Card or Veteran's Affairs Card? Yes No to the care of a multiple birth? Yes No Attending Oakleigh Primary School



Register a Child	Child:	
Child Details Parent/Guardian Details	Attachments	
Register for Services Circumstances	Application Documents Please review the documents b	below and ensure you provide all required items.
Attachments	Required Document	Description
Auschneits	Proof of Address	Proof of Address *
Application Summary	Proof of Immuneation status	immunisation schedule or copy of child health book
	Upload Supporting Docume Upload additional documents that m please upload the following doo have a nice day Proof of Address	ents nay support your application ucuments before proceeding. Choose File No file chosen Upload
Attach all required documents	Document Type Fr	ie Name Currently no documents have been uploaded.
-Proof of address		
-Immunisation certificate		< Previous Next >
-Birth certificate		Click Next once all documen
-Court orders (if applicable)		are uploaded



Preschool Services

Register a Child Child: Child Details **Application Summary** Parent/Guardian Details Please review the following information to ensure its validity before submitting Register for Services Once you complete this page and submit, your application will be sent to Council and you will receive an email confirming your application soon after. Please contact Council if you do not receive the confirmation email. Circumstances Once you have submitted the application it will appear on your home view in the Applications area until it has been processed by council Attachments Application Summary **Application Details** Exit Application Application Type Register a Child Application Reference XCHGCC11Y01 Name Submitted 10-Mar-2022 09:21 AM **Review information in** Parent / Guardian **Application Summary** Details Parent **Contact Methods** Country of Origin: Australia Address: Language: English (Interpreter not requested) Postal: Mobile Email Child Child Details Gender: Male Country Of Birth: Australia DoB: Services Service Type Details Preferences 4yo Kindergarten Year Attending: 2022 Ashwood Children's Centre Pref:1 **Resident of Monash / Rate Payer of Monash** Do you live in the City of Monash or pay rates to the City of Monash? If yes, please upload supporting documentation in the next section. Yes Did this child attend 3yo kinder at their first preference Kindergarten? No Do you have an older child who attended the first preference Kindergarten in the last 3 years? No Are there any court orders associated with this child? If yes, please upload supporting documentation in the next section.

	Declaration	
	l declare that the informa knowledge.	ation provided in this application is true and correct to the best of my
	l understand that this fon information.	m is a legal document and penalties exist for providing false or misleading
	First Name	
Complete	Last Name	
leclaration	Relationship to Child	
		< Previous Next>
		Click "next" once declaration is complete
Submit paym	ent details	
		Previous Submit
		Click "Submit" once payment is made.

Home Logged In:	
Register a Child Children	
Change Profile Name Date of Birth (Age) Services	
Change Password	
Logout	
Applications	
Click on log out. Application Name Status Modified	
You will receive an Register a Child Submitted 10-Mar-2022	ew
automated email	
confirming submission of	
application.	