



APPLICATION FOR ENROLMENT

Please complete the details below and return to the Centre via fax, email or mail. Arrangements can be made to view the Centre via an appointment with the Nominated Supervisor or Business Manager.

Child's Details

Given Name: _____ Surname: _____

Date Of Birth: _____ Gender: Male / Female

Cultural Background: _____ Country of Birth: _____

Residential Address: _____

_____ Postcode: _____

Who lives with the child within the household? Please tick appropriate boxes

Mother Father Step Parent Other Partner Other Carer (please specify) _____

Please tick the following boxes as they apply:

- Child is at risk of serious abuse or neglect No Yes

- Child is from Aboriginal or Torres Strait Islander background No Yes

- Child is from a non-English speaking background No Yes

Child with a diagnosed medical condition

Asthma No Yes

Anaphylactic Allergy No Yes

Seizures or Epilepsy No Yes

Diabetes No Yes

Other (Please specify) _____

Child with an additional need

Speech Delay No Yes

Hearing Impairment No Yes

Vision Impairment No Yes

Other developmental concerns No Yes

If Yes please specify _____

Details of Care Required

Preferred Start Date _____

Preferred days (please tick) Mon Tues Wed Thu Fri (minimum 2 days required)

My selected days are flexible

Reasons for care (Please select if applicable)

Social / Learning Development Returning to work Studying Other _____

How did you hear about us?

- Recommended via friend or relative
- Website
- Parishioner
- Other (please specify) _____
- Location / signage
- Google search/ Internet

Why have you applied at our Centre over other alternatives?

Parent Guardian 1

Given Name: _____

Surname: _____

Relationship to child: _____

Cultural Background: _____

Residential Address: _____

Postcode: _____

Home Phone Number: _____

Mobile Phone Number: _____

Email Address: _____

Are you currently working? Yes No

If yes, circle days working: Mon Tues Wed Thu Fri

Hours at work: _____ to _____

Occupation: _____

Work Phone Number: _____

Parent Guardian 2

Given Name: _____

Surname: _____

Relationship to child: _____

Cultural Background: _____

Residential Address: _____

Postcode: _____

Home Phone Number: _____

Mobile Phone Number: _____

Email Address: _____

Are you currently working? Yes No

If yes, circle days working: Mon Tues Wed Thu Fri

Hours at work: _____ to _____

Occupation: _____

Work Phone Number: _____

Application fee

Upon submission of this application form an application fee of \$20.00 is payable by cash, cheque or credit card.

I have enclosed the \$20.00 payment via cheque cash or credit card VISA/Mastercard

Name on credit card _____

Credit Card Number _____ expiry date: ____/____

Declaration

I agree that the information provided on this form is a true and accurate reflection of my child's and family's needs. I will inform the Centre of any changes that may occur.

Parent/ Guardian Signature: _____ Date: _____