



## APPLICATION TO ENROL – Before and After Session Care (BASC)

(Please print clearly)

Child's Family Name		Given Names:	
Date of Birth:		Sex:	M/F (Please Circle)
Address:			
Country of Birth:		First Language:	
Mother (or Guardian) name:		Occupation:	
Address: ("As above" if same as child)			
Phone numbers:	Home:	Work:	Mobile:
Email:			
Country of Birth:		First Language	
Father (or Guardian) name:		Occupation:	
Address: ("As above" if same as child)			
Phone numbers:	Home:	Work:	Mobile:
Country of Birth:		First Language	
Does your child have any special needs (e.g. medical, social, cultural or religious) or problems (e.g. medical or developmental) that the staff may need to know? (Please note that this information is confidential)			
If English is not your child's first language, does your child speak English?			
Is English the spoken at home?			

Please circle your preference, if known:

- |                          |  |     |      |     |     |     |
|--------------------------|--|-----|------|-----|-----|-----|
| <input type="checkbox"/> | Early Care, 7.30am to 8.30am           | Mon | Tues | Wed | Thu | Fri |
| <input type="checkbox"/> | Before Session Care, 8.30am to 12.30pm | Mon | Tues | Wed | Thu | Fri |
| <input type="checkbox"/> | After Session Care, 11.30am to 3.30pm  | Mon | Tues | Wed | Thu | Fri |
| <input type="checkbox"/> | Lunch, 11.30am to 12.30pm              | Mon | Tues | Wed | Thu | Fri |
| <input type="checkbox"/> | Late Care, 3.30pm to 4.30pm            | Mon | Tues | Wed | Thu | Fri |

**Please Note:** Daily cost of Before and After Session Care is a flat rate.

Casual bookings are dependant on vacancies as permanent bookings get priority.

**Preferred start date:** .....

Does your child require a sleep? Please circle.                      Yes      No

Please order me:  sets of sheets @ \$25 each. Only required if your child sleeps as sleeps are not compulsory. Cost of sheets will be invoiced with fees.

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**Conditions of Enrolment Application.**

I/We understand that there is no guarantee of placement.

**To be signed by at least one parent or guardian.**

MOTHER/GUARDIAN (Signed) \_\_\_\_\_ Date: \_\_\_\_\_

FATHER/GUARDIAN (Signed) \_\_\_\_\_ Date: \_\_\_\_\_

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**OFFICE USE ONLY**

Waiting List		Permanent	
Administrative Assistant		Casual	
Year of Entry		Start Date	

Comments:

**AUTHORISED CONTACTS-**  
**Before and After Session Care**

(If different from pre-school contacts)

1. Name: .....  
Address:.....  
.....  
Phone: (H) .....  
(M) .....  
Relationship To Child: .....
  
2. Name: .....  
Address:.....  
.....  
Phone: (H) .....  
(M) .....  
Relationship To Child: .....
  
3. Name: .....  
Address:.....  
.....  
Phone: (H) .....  
(M) .....  
Relationship To Child: .....