



## APPLICATION FORM – BEFORE & AFTER SESSION CARE

### Child Details

Family Name		Given Name	
Preferred First Name		D.O.B	
Gender			
Address			
Country of Birth			
First Language			

### Parent/Carer Details

Full Name Mr/Mrs/Ms/Dr/Other		Relationship to child	
Address		Phone number	
Email Address			
Best Method of Communication <i>(please circle)</i>	Phone / Email		

### Parent/Carer Details

Full Name Mr/Mrs/Ms/Dr/Other		Relationship to child	
Address		Phone number	
Email Address			
Best Method of Communication <i>(please circle)</i>	Phone / Email		

Does your child have any additional needs (e.g. medical, social, cultural or religious) or concerns (e.g. medical or developmental) that we may need to know? <i>Please note this information is confidential.</i>	
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Is English the language spoken at home?	Yes/No
If English is not the child's first language, does your child speak English?	Yes/No
Is your child of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both

**Please circle your preference, if known:**

Before Session Care – 7.30am – 8.30am	Mon	Tues	Wed	Thu	Fri
After Session Care – 11.30am – 4.30pm (for half day children only)	Mon	Tues	Wed	Thu	Fri
Lunch – 11.30am – 12.30pm (for half day children only)	Mon	Tues	Wed	Thu	Fri
Extended After Session Care – 4.00pm – 4.30pm	Mon	Tues	Wed	Thu	Fri

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

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

Does your child require a sleep?	Yes / No <i>(if yes please provide your own sheets)</i>
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Please complete:

**Conditions of Enrolment Application**

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

**To be completed by at least one parent/carer**

Parent/Carer Signature		Date:	
Parent/Carer Signature		Date:	

**OFFICE USE ONLY**

Waiting List Date		Start Date	
Year of Entry		Permanent	
Received By		Casual	
Notes			