



Child's details:

1. Surname of child: _____ First names: _____
 Date of birth: _____ CRN: _____ Male Female
2. Surname of child: _____ First names: _____
 Date of birth: _____ CRN: _____ Male Female
3. Surname of child: _____ First names: _____
 Date of birth: _____ CRN: _____ Male Female

Please write the expected arrival and departure times below in the days you require care for your child/children.

	Monday	Tuesday	Wednesday	Thursday	Friday
Child 1					
Child 2					
Child 3					

Date of anticipated commencement: _____ Please indicate reason for care:
 Work Respite Study Other _____

Please state any additional needs your child may have that we need to know to meet their needs: _____

Australian Resident: Yes No Aboriginal/TSI: Yes No Vaccinated: Yes No

Name Parent/Guardian(1): _____ DOB: _____ CRN: _____
 Parent/Guardian signature: _____ Phone #: _____
 Address: _____ Employer: _____
 Work hours: _____ to _____ WK phone: _____ Mobile: _____
 Email address: _____

Name Parent/Guardian(2): _____ DOB: _____ CRN: _____
 Parent/Guardian signature: _____ Phone #: _____
 Address: _____ Employer: _____
 Work hours: _____ to _____ WK phone: _____ Mobile: _____
 Email address: _____

Who will be responsible for payment of account? _____

How did you hear about our centre? _____

Enrolment Fee: \$ _____

By signing below I confirm all of the above information is true and correct

Signed: _____ Date: _____

THIS APPLICATION WILL NOT PROCEED UNTIL PARENT & CHILD CUSTOMER REFERENCE NUMBERS (CRN'S) ARE PROVIDED

Office Use:

Debtors checked: Yes No Qikkids checked: Yes No

Date to start: _____ Date to confirm position by: _____ Date of orientation: _____

Days accepted: M T W Th F Room: _____ Declined care: Yes No