

Enrolment Application

Child's Details	
First name	
Middle name	
Last name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (dd/mm/yyyy)	
Place of birth	
Address	
Language/s spoken at home	
Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional needs or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attending another service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Single parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian 1 Details	
First name	
Middle name	
Last name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	
Home phone	
Work phone	
Mobile	
Email	
Working, studying or training	<input type="checkbox"/> Yes <input type="checkbox"/> No
Concession/Health Care Card	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional needs or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian 2 Details	
First name	
Middle name	
Last name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	
Home phone	
Work phone	
Mobile	
Email	
Working, studying or training	<input type="checkbox"/> Yes <input type="checkbox"/> No
Concession/Health Care Card	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional needs or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preferences	
Please note that completing this form is not a confirmation of enrolment. Availability depends on enrolment patterns and vacancies in the service. Priority of access is in accordance with funding guidelines.	
Number of days	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Day/s requested	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Any days
Start date (dd/mm/yyyy)	
How did you find out about the service?	

Office Use

Date received:

Service Name:

CCB Priority of Access: At risk of abuse or neglect Single parent or both parents satisfy the work/training/study test Other

Preschool Priority of Access: 4yrs on or before 31 July 3yrs Aboriginal 3yrs low income

Disability Risk of Significant Harm English language needs