Child's full name:	Date of birth:
Family contact details	
Mother's/Guardian's name:	Father's/Guardian's name:
Home phone:	Home phone:
Mobile phone:	Mobile phone:
Work phone:	Work phone:
Email:	Email:

Required days and sessions of care:

☐ Monday AM PM (please circle session/s required)

☐ Tuesday AM PM

☐ Wednesday AM PM

☐ Thursday AM PM

☐ Friday AM PM

Care to commence on (date) pending availability of positions:

Vacation Care: Yes No Not sure

School your child will attend:

Name/s of siblings currently in care (if applicable):

Does your child have a diagnosed Medical or Psychological Condition; Disability or Behavioural Disorder? YES ☐ NO ☐

if ***YES*** please complete "Additional Support Needs" form upon commencement.

Does your child have any allergies (including asthma or anaphylaxis)? YES ☐ NO ☐

if ***YES*** please provide details and up to date, including (if applicable) a copy of a medical management plan or risk minimisation plan prepared by the child's doctor.

_____

Does your child have any Additional Support Needs not covered above? YES ☐ NO ☐

if ***YES*** please complete "Additional Support Needs" form.

These forms need to be completed with full enrolment form.

Signature of applicant:	Date of application: