

Child's full name:	Date of birth:
Family contact details	
Mother's/Carer name:	Father's/Carers name:
Home phone:	Home phone:
Mobile phone:	Mobile phone:
Work phone:	Work phone:
Email:	Email:
Required days and sessions of care:	
<input type="checkbox"/> Monday AM PM (please circle session/s required)	
<input type="checkbox"/> Tuesday AM PM	
<input type="checkbox"/> Wednesday AM PM	
<input type="checkbox"/> Thursday AM PM	
<input type="checkbox"/> 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):	
<p><i>Does your child have a diagnosed Medical or Psychological Condition; Disability or Behavioural Disorder?</i> YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>if YES please complete "Additional Support Needs" form upon commencement.</p>	
<p><i>Does your child have any allergies (including asthma or anaphylaxis)?</i> YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>if YES please provide details and up to date, including (if applicable) a copy of a medical management plan or risk minimization plan prepared by the child's doctor.</p>	
<p><i>Does your child have any Additional Support Needs not covered above?</i> YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>if YES please complete "Additional Support Needs" form.</p>	
<p>These forms need to be completed with full enrolment form.</p>	
Signature of applicant:	Date of application: