|  |  |  |  |
| --- | --- | --- | --- |
| **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:** | | | |
| ⬜ 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 minimization 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: | |