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| --- | --- |
| **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: |