|  |  |  |  |
| --- | --- | --- | --- |
| Child’s name |  | | |
| Gender | female  male | Date of birth |  |
| Home address |  | | |
| Postcode |  | Telephone |  |
| Parent 1 | | Parent 2 | |
| Name |  | Name |  |
| Nationality |  | Nationality |  |
| Occupation |  | Occupation |  |
| Hours of work |  | Hours of work |  |
| Place of work |  | Place of work |  |
| Telephone |  | Telephone |  |
| Mobile |  | Mobile |  |
| Email |  | Email |  |

## Family Structure

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Relationship status | single  de facto  married  divorced  separated  widowed | | | |
| Names and ages of other children | |  | | |
| Language other than English spoken at home | | |  | |
| Would you prefer information to be available in this language? | | | | yes  no |

## Care required (Note: The Centre is open between 7:30 am and 5:30 pm)

|  |  |  |
| --- | --- | --- |
| Between hours do you require care? |  | |
| How many days per week do you require care? | 1  2  3  4  5 | |
| Do you have preferred days that you require care? | yes  no  If yes, which days?  Mon  Tue  Wed  Thu  Fri | |
| Might you be flexible with the number of days or actual days offered? | | yes  no |

## Priority Access (please select)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child at risk of serious abuse or neglect  Child in families which include a disabled person  A child of both parents, or single parent who satisfies, the work/training/study test  Low income family  Child in families from culturally and linguistically diverse backgrounds  Child of single parent  A child in Aboriginal and Torres Strait Islander families  Child in socially isolated families  Any other child | | | | |
| Have you any special reasons which necessitate your use of the Centre? | |  | | |
| Signature |  | | Date |  |