|  |  |
| --- | --- |
| 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 [ ]  noIf 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  |  |