

This Request for Booking does not guarantee a place. Positions will be made available in order of priority of access.

PARENT/CARER INFORMATION

Parent/Carer 1

Parent/Carer 2

First Name	_____	_____
Last Name	_____	_____
Home Address	_____	_____
Home Phone	_____	_____
Mobile	_____	_____
Email	_____	_____
Occupation	_____	_____
Work Name	_____	_____
Work Contact Number	_____	_____
Primary Language Spoken	_____	_____

CHILD'S INFORMATION

Child's Full Name: _____

Child's Address: _____

Child's Date of Birth: _____ Gender: _____ Requested Start Date: _____

 Permanent Booking

 Before School Care: M T W T F

 After School Care: M T W T F

 Casual Booking

A casual booking is where a child with a current enrolment attends on an irregular basis and is subject to availability.

My child will attend Outside School Hours Care on the days indicated above for the period from the beginning of Term 1 until the end of Term 4 or from ___/___/___ until ___/___/___ unless otherwise notified in writing.

Additional Information pertaining to enrolment: (special needs, custodial arrangements etc.)

PRIORITY OF ACCESS (Please ensure you tick either First, Second or Third Priority)

Priority of Access Status:

 First Priority - a child at risk of serious abuse or neglect

 Second Priority - a child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under section 14 of 'A New Tax System (Family Assistance) Act 1999'

 Third Priority - any other child

Category in Priority (DETE Child Care Handbook):

 Children in Aboriginal & Torres Strait Islander families

 Children in families with a disabled person

 Children in families which include an individual whose tax adjusted income does not exceed the lower income threshold test, or whose partner is on income support

 Children in families from a non-English speaking background

 Children in socially isolated families

 Children of a single parent

I understand that I am required to complete a full Enrolment Application prior to the commencement date of my child.

Parent/Carer 1 Signature: _____ Date: _____

Parent/Carer 2 Signature: _____ Date: _____

OFFICE USE ONLY

APPLICATION RECEIVED:

SIBLINGS AT THIS CENTRE:

CONFIRMED START DATE:

ENTERED IN QIKKIDS BY: