Enrolment Request Form –2022

Part A – Family Details

Parent Name:		**Parent DOB:**	
Postal Address:			
Contact Number(s):			
Email address:			

Health Care Card: Is the child named as a dependent on the families Health Care Card (Low Income) or Pensioner Concession card?	❒ Yes ❒ No Expiry Date: _____ / _____

Priority of Access: Our Centre follows the Commonwealth of Australia guidelines for priority of access where there are more families requiring care then places available.

Please answer the following questions in relation to your child/ren:	Yes	No
• Is the child/ren at risk of significant harm (from a child protection perspective)?		
• Is the child/ren a child of a single parent who satisfies, or of parents who both satisfy the work, training, study test?		
• Is the child/ren Aboriginal or Torres Strait Islander?		
• Is the child/ren from a family which includes a disabled person?		
• Is the child/ren in a family which include an individual whose adjusted taxable income does not exceed the lower income threshold of $45,114.for 2018-2019, or who or whose partner is on income support?		
• Is the child/ren in a family from a non-English speaking background?		
• Is the child/ren from a socially isolated family?		
• Does the child/ren come from a single parent family?		

Family Comments – is there anything further you would like us to consider?

Please select the School your child attends: (Please circle School your child attends)	
Coonabarabran Public School	St Lawrences Primary School

Office Use Only

Date Received: _____   Date Entered:_____   Initials: _____

Part B – Child Details

Child's Name:		DOB:	

After School Care, How many days in total would you like for this child?	1 2 3 4 5
Vacation Care, How many days in total would you like for this child per week?	1 2 3 4 5

Please select your preferred days, indicating the service you require each day or let us know that you don't mind what days you are allocated:

Monday	Tuesday	Wednesday	Thursday	Friday
After School Care	After School Care	After School Care	After School Care	After School Care
Vacation Care	Vacation Care	Vacation Care	Vacation Care	Vacation Care

❐   I don't mind which days my child attends

Allergy(ies) or special needs and requirements:

Child's Name:		DOB:	

After School Care, How many days in total would you like for this child?	1 2 3 4 5
Vacation Care, How many days in total would you like for this child per week?	1 2 3 4 5

Please select your preferred days, indicating the service you require each day or let us know that you don't mind what days you are allocated:

Monday	Tuesday	Wednesday	Thursday	Friday
After School Care	After School Care	After School Care	After School Care	After School Care
Vacation Care	Vacation Care	Vacation Care	Vacation Care	Vacation Care

❐   I don't mind which days my child attends

Allergy(ies) or special needs and requirements:

Child's Name:			DOB:	

After School Care, How many days in total would you like for this child?	1 2 3 4 5
Vacation Care, How many days in total would you like for this child per week?	1 2 3 4 5

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After School Care	After School Care	After School Care	After School Care	After School Care
Vacation Care	Vacation Care	Vacation Care	Vacation Care	Vacation Care

❑   I don't mind which days my child attends

Allergy(ies) or special needs and requirements:

Child's Name:			DOB:	

After School Care, How many days in total would you like for this child?	1 2 3 4 5
Vacation Care, How many days in total would you like for this child per week?	1 2 3 4 5

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Allergy(ies) or special needs and requirements: