

Children services Enrolment Request Form– 2021



Services referred to as “Yuluwirri Kids” and “Monkey Room”

Yuluwirri Kids – Coonabarabran Preschool & Long Day Care SE-00009634

Yuluwirri Kids/Connect 5 – Monkey room SE-00014793



Part A – Family Details

Parent Name:		
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No Expiry Date: ____ / ____	
Bus Service: Do you require use of an ‘out of town’ school bus service? Please note this is only applicable for children minimum aged 3 years and above.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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 dual 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 household of a low income family (for example Health care Card Holders where the child is a name dependent on the card) https://www.humanservices.gov.au/individuals/services/centrelink/low-income-health-care-card/who-can-get-card/income-test		
• 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?		
Children’s Allergy(ies) or special needs and requirements:		
Family Comments – is there anything further you would like us to consider?		

Part B – Child Details

Child's Name:		DOB:		
How many days in total would you like for this child?	1	2	3 4 5	
Please select the type of service(s) you require: (Please circle all services required)				
Long Day Care Bandulla St 7:30am - 5:30pm	Preschool Bandulla Street 8:30am – 4:00pm	Preschool Robertson Street 8:30am – 4:00pm		
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
Pre / LDC	Pre / LDC	Pre / LDC	Pre / LDC	Pre / LDC
<input type="checkbox"/> I don't mind which days my child attends <input type="checkbox"/> My Preferred enrolment is at Bandulla St, Campus <input type="checkbox"/> My Preferred enrolment is at Robertson St Campus; open on Wednesday & Thursday <input type="checkbox"/> My Child will be attending school transition program at C.P.S <input type="checkbox"/> or ST.L. <input type="checkbox"/> commencing Term_____ 2021 attending Monday <input type="checkbox"/> Tuesday <input type="checkbox"/>				
Other Information:				

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