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child care services

REQUEST FOR BOOKING 2015

Outside School Hours Care

This Request for Booking does not guarentee 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 is 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 2015 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 (DEEWR 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 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: