

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: \_\_\_\_\_

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

**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 2015 or from \_\_\_\_\_ until \_\_\_\_\_ unless otherwise notified in writing.

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

<b>Priority of Access Status:</b> <input type="checkbox"/> <b>First Priority</b> - a child at risk of serious abuse or neglect <input type="checkbox"/> <b>Second Priority</b> - 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' <input type="checkbox"/> <b>Third Priority</b> - any other child	<b>Category in Priority (DEEWR Child Care Handbook):</b> <input type="checkbox"/> Children in Aboriginal & Torres Strait Islander families <input type="checkbox"/> Children in families with a disabled person <input type="checkbox"/> 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 <input type="checkbox"/> Children in families from a non-English speaking background <input type="checkbox"/> Children in socially isolated families <input type="checkbox"/> Children of a single parent
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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: