

Child's Details

Child's Full Name: _____

Date of Birth: _____ Gender: _____

Home Address: _____

Cultural Background or linguistically diverse background: _____

Aboriginal Culture Background: Yes/No Torres Strait Islander Background: Yes/No

Special needs or requirement: _____

Starting Date: _____

Days Required (Please circle)

Monday Tuesday Wednesday Thursday Friday

Priority of Access Guidelines – please tick the box which applies to your family

- Both parents working, seeking employment
- Studying, training, continued disability or incapacity for work
- Parents looking for respite care

Parent/Guardian Full Name (as listed to receive CCS): _____

Phone Number: _____

Email: _____

Home Address: _____

How did you hear about our Service (Please circle)

Friends (word of mouth)

Internet (website or google)

Advertising

Signed: _____ dated: ____/____/____