

Centre: _____ **Play & Learn**



Child's details:

1. Surname of child: _____ First Names: _____
 Date of Birth: _____ CRN: _____ Gender: M / F
2. Surname of child: _____ First Names: _____
 Date of Birth: _____ CRN: _____ Gender: M / F
3. Surname of child: _____ First Names: _____
 Date of Birth: _____ CRN: _____ Gender: M / F

Have you used Play & Learn prior? Yes No

Please write the expected arrival and departure times below in the days you require care for your child/children.

	Monday	Tuesday	Wednesday	Thursday	Friday
Child 1					
Child 2					
Child 3					

Date of anticipated commencement: _____ Please indicate reason for care:

- | | |
|---|--|
| <input type="checkbox"/> Work
<input type="checkbox"/> Study | <input type="checkbox"/> Respite
<input type="checkbox"/> Other |
|---|--|

Please state any additional needs your child may have that we need to know to meet their needs: _____

Australian Resident: Yes No Aboriginal/TSI Yes No

Name Parent/Guardian (1): _____ DOB: _____ CRN: _____

Parent/Guardian signature: _____ Phone #: _____

Address: _____ Employer: _____

Work Hours: _____ to _____ Work Phone: _____ Mobile: _____

Email Address: _____

Name Parent/Guardian (2): _____ DOB: _____ CRN: _____

Parent/Guardian signature: _____ Phone #: _____

Address: _____ Employer: _____

Work Hours: _____ to _____ Work Phone: _____ Mobile: _____

Copy of current CCB detail included? Yes No

Who will be responsible for payment of account : _____

How did you hear about our Centre? _____

I confirm the above information is correct.

Signed: _____ Date: _____

Witnessed: _____ Date: _____

(Centre Employee)

THIS APPLICATION WILL NOT PROCEED UNTIL PARENT & CHILD CUSTOMER REFERENCE NUMBERS (CRN'S) ARE PROVIDED.

Office Use:

Date to start: _____ Date to confirm position by: _____ Date of orientation: _____

Days Accepted: M T W Th F Room: _____ Declined Care:

Debtor Checked: