

**Centre:** \_\_\_\_\_ **Play & Learn**



To be completed for children aged 5 years -12 years

**Children's details:**

1. Surname of child: \_\_\_\_\_ First Names: \_\_\_\_\_ CRN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M / F Classroom # \_\_\_\_\_ Teacher: \_\_\_\_\_

2. Surname of child: \_\_\_\_\_ First Names: \_\_\_\_\_ CRN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M / F Classroom # \_\_\_\_\_ Teacher: \_\_\_\_\_

3. Surname of child: \_\_\_\_\_ First Names: \_\_\_\_\_ CRN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M / F Classroom # \_\_\_\_\_ Teacher: \_\_\_\_\_

<sup>1</sup> 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		
	BS	AS	VAC	BS	AS	VAC	BS	AS	VAC	BS	AS	VAC	BS	AS	VAC
Child 1															
Child 2															
Child 3															

Date of anticipated commencement: \_\_\_\_\_ Name of School Attended: \_\_\_\_\_

Please indicate Reason for Care:

Work  Study  Respite  Other: \_\_\_\_\_

This booking is for Terms: \_\_\_\_\_

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: \_\_\_\_\_

How did you hear about our Centre? \_\_\_\_\_

I confirm the above information is correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed: (Centre employee) \_\_\_\_\_ Date: \_\_\_\_\_

**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: