



# Kindaburra Children Centre Application Form

Child's Given Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age in Years & Months: \_\_\_\_\_

Cultural Background: \_\_\_\_\_ Language/s spoken: \_\_\_\_\_

Name & Age of Siblings: \_\_\_\_\_

Start Date: \_\_\_\_\_

Days Required (please circle): Monday Tuesday Wednesday Thursday Friday

Caregiver's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home Address: \_\_\_\_\_

Caregiver's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home Address: \_\_\_\_\_

In order to comply with guidelines determined by the Commonwealth Department of Health & Family Services to ensure priority of enrolment on a need basis, you are requested to supply the following information:

Mother: Working Full Time Part Time Seeking Employment Studying Single

Father: Working Full Time Part Time Seeking Employment Studying Single

Do you or your child have any health concerns / additional needs / special circumstances:

\_\_\_\_\_

Indicate your combined weekly family income before tax: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Do you know any children/families @ Kindaburra?

Date: \_\_\_\_\_ Parent signature: \_\_\_\_\_

Application Fee \$20 (non refundable)

Enrolment Fee \$250 (non refundable)

office use only: Start Date:

Child's room

Date offered