



Kindaburra Booking sheet 2014

Kindaburra Children's Centre
Email: Kindaburra@gmail.com
Phone: (02) 9311 7011 or 0415 128 822
1 Jersey Lane, Matraville NSW 2036

Date:..... Signature:.....

Child's Given Name:

Family Name:

Date of Birth:

Age in Years & Months:

Cultural Background:

Language/s spoken:

Name & Age of Siblings:

Caregiver's Name:

Caregiver's Name:

Address:

Address:

Phone Home:

Phone Home:

Mobile:

Mobile:

Work:

Work:

Email:

Email:

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:

Caregiver: Working Full Time Part Time Seeking Employment Studying Single

Other Caregiver: Working Full Time Part Time Seeking Employment Studying Single

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

You may be eligible for Childcare Assistance - contact Centrelink & quote **CRN : 555 011 445 A**

Indicate your combined weekly family income before tax: for an estimate:.....

FULL DAY CHILDCARE

6.30 AM - 6.30 PM

**Monday
Tuesday
Wednesday**

**Thursday
Friday
Saturday**

Indicate intended commencement date:-----

How did you hear about us:					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Word of mouth	Yellow pages	Adds in paper	Care for Kids	Website	Other (please state how)

WAIT LIST FEE \$50

ENROLMENT FEE \$200