

## GLORY CHILDCARE APPLICATION FORM FOR FUTURE ENROLMENT

FAMILY NAME: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ M/F \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ (DD/MM/YYYY)

PARENT'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Does the above parent understand English? YES / NO (Please circle)

OTHER CONTACT NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ POSTCODE \_\_\_\_\_

Please note enrolment offers are made by phone. Please ensure that you have provided at least one contact number for staff to contact you between 9am and 3pm

DOES YOUR CHILD UNDERSTAND ENGLISH ? YES / NO (Please circle)

LANGUAGES SPOKEN BY YOUR CHILD \_\_\_\_\_

IS YOUR CHILD OF ABORIGINAL OR TORRES STRAIT ISLANDER DESCENT? YES / NO (Please circle)

LIST ANY KNOWN 'SPECIAL NEEDS' (e.g. hearing impairment, speech delay, health issues, allergies, disabilities etc) \_\_\_\_\_

PREFERRED SESSIONS:

TOTAL NUMBER OF DAYS REQUIRED:

- ☺ Monday
- ☺ Tuesday
- ☺ Wednesday
- ☺ Thursday
- ☺ Friday

\_\_\_\_\_

All sessions are between 7am to 6pm

In order to comply with guidelines determined by the Department of Family and Community Services and to ensure priority of enrolment on a needs basis, you are requested to supply the following information.

<input type="checkbox"/> two parent family	<input type="checkbox"/> single parent family	<input type="checkbox"/> working full time	<input type="checkbox"/> seeking employment
<input type="checkbox"/> home duties	<input type="checkbox"/> studying	<input type="checkbox"/> working part time	<input type="checkbox"/>

HOW DID YOU FIND OUT ABOUT GLORY CHILDCARE ? (please circle)

- Recommended by someone
- phone book
- internet
- Walking/driving past
- advertisement
- other

OFFICE USE ONLY

Phoned \_\_\_\_\_ No answer/left message Message to be returned by \_\_\_\_\_

Phoned \_\_\_\_\_ No answer/left message Message to be returned by \_\_\_\_\_

Days accepted \_\_\_\_\_ Start date \_\_\_\_\_

Parent made contact \_\_\_\_\_ Cancelled application \_\_\_\_\_