

Child's Name:		Date of Birth:	Male □ Female □
Child's Address:			
Parent/Carer 1: Name:		Phone:	
Address:		Email:	
Parent/Carer 2: Name:		Phone:	
Address:		Email:	
Family Details: Primary Language	e Spoken at Ho	ome	
Aboriginal/Torres Strait Islander desce	ent: <b>Yes / No</b>	Current family low-income/health	care card? <b>Yes / No</b>
Child Information: Do any of the follow	ving apply to yo	our child?	
A current NDIS number or application?	Yes / No	Diagnosed disability	Yes / No
Asthma	Yes / No	Speech/Hearing/vision concerns	Yes / No
Allergies/Anaphylaxis	Yes / No	Regular Medications	Yes / No
2 Year Olds		to 3 your preference below	
One Day - Wednesday - \$50 - 9a	m to 3pm		
3 - 5 Year Olds - 2 days per week -	Weekly Fee:	Subsidy \$10 Full Fee \$30 Pa	rt Funded \$45
Monday and Tuesday – 8.15am	to 3.45pm		
Thursday and Friday – 8.15am	to 3.45pm		
4 - 5 Year Olds - 3 days per week (m	ust turn 4 <u>BEF</u>	ORE 31/7/24) -Weekly Fee: Subsic	ly \$20 Full Fee \$50
Monday, Tuesday, and Wednes	day – 9am to	3pm	
Wednesday, Thursday, and Frid	ay – 9am to 3	3pm	
Extended hours for 3-day group (ON	LY available to f	ull working families) –Weekly Fee: Sub	sidy \$77 Full Fee \$97
Monday, Tuesday, and Wednes	sday – 8.15am	n to 3.45pm	
Wednesday, Thursday, and Frid	day - 8.15am	to 3.45pm	
Person Completing this form: Name:		Sign	Date