

ENROLMENT FORM: BAYSIDE FAMILY DAY CARE

4/457 THE ESPLANADE, MANLY 4179

www.baysidefamilydaycare.com

CHILD DETAILS	Child 1	M/F	Child 2	M/F
Name				
Home Address				
Home Address				
Date of Birth				
Place of Birth				
Centrelink CRN				
SIBLINGS NAME				
Does your family use another Child Care Service? YES/NO Name:				
CUSTODY INFORMATION				
Are there any Court Orders in force? Custody or other.....Yes/No				
If Yes, has a copy been given to the Co-ordinator of the SchemeYes/No				
Details.....				
FAMILY DETAILS	PARENT		PARTNER	
Full Name				
Date of Birth				
Home Address				
		P/C		P/C
Centrelink Family CRN				
Home Phone				
Mobile Phone				
Email				
How do you prefer the scheme to contact you?				
Occupation				
Place of Work				
Telephone No				
Country of Origin				
Cultural Background				
Language spoken at home				
Priority of Access		Employment Status		
<input type="checkbox"/> At risk <input type="checkbox"/> Work Related/Studying <input type="checkbox"/> Parent/Child Disability <input type="checkbox"/> Respite <input type="checkbox"/> Unknown		<input type="checkbox"/> Employed F/T – P/T <input type="checkbox"/> Non regular Work <input type="checkbox"/> Not Employed <input type="checkbox"/> Pension or Benefit <input type="checkbox"/> Student		
EMERGENCY CONTACT/PERSON ABLE TO COLLECT CHILD (Other than Parent)				
Name	Phone	Address	Relationship to child	
1				
2				

