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child care services

# REQUEST FOR BOOKING

## Outside School Hours Care

**This Request for Booking does not guarantee a place. Positions will be made available in order of priority of access.**

## PARENT/CARER INFORMATION

| | Parent/Carer 1 | Parent/Carer 2 |
|---|---|---|
| First Name | | |
| Last Name | | |
| Home Address | | |
| | | |
| Home Phone | | |
| Mobile | | |
| Email | | |
| Occupation | | |
| Work Name | | |
| Work Contact Number | | |
| Primary Language Spoken | | |

## CHILD'S INFORMATION

Child's Full Name:

Child's Address:

Child's Date of Birth: Gender: Requested Start Date:

☐ Permanent Booking

☐ Before School Care: ☐ M ☐ T ☐ W ☐ T ☐ F

☐ After School Care: ☐ M ☐ T ☐ W ☐ T ☐ F

☐ Casual Booking
A casual booking is where is a child with a current enrolment attends on an irregular basis and is subject to availability.

My child will attend Outside School Hours Care on the days indicated above for the period from the beginning of Term 1 until the end of Term 4 or from ____/____/____ until ____/____/____ unless otherwise notified in writing.

Additional Information pertaining to enrolment:
(special needs, custodial arrangements etc.)

## PRIORITY OF ACCESS (Please ensure you tick either First, Second or Third Priority)

Priority of Access Status:

☒ First Priority - a child at risk of serious abuse or neglect

☐ Second Priority - a child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under section 14 of 'A New Tax System (Family Assistance) Act 1999'

☐ Third Priority - any other child

Category in Priority (DETE Child Care Service Handbook):

☐ Children in Aboriginal & Torres Strait Islander families

☐ Children in families with a disabled person

☐ Children in families which include an individual whose tax adjusted income does not exceed the lower income threshold test, or whose partner is on income support

☐ Children in families from a non-English speaking background

☐ Children in socially isolated families

☐ Children of a single parent

I understand that once my booking is confirmed I am required to complete a full Enrolment Application prior to the commencement date of my child.

Parent/Carer 1 Signature: _____ Date: _____

Parent/Carer 2 Signature: _____ Date: _____

| OFFICE USE ONLY |
|---|
| APPLICATION RECEIVED: |
| SIBLINGS AT THIS CENTRE: |
| CONFIRMED START DATE: |
| ENTERED IN QIKKIDS BY: |