



"Let the little children come to me" Matthew 19:14

A MINISTRY OF MUELLER COMMUNITY CHURCH
75 Morris Road Rothwell Q 4022
Phone 3897 2756

APPLICATION FOR ENROLMENT

Administration fee of **\$5** per child must be paid before names are placed on the Waiting List.

When a child care placement is offered, a **holding deposit** of **\$40** is required to secure the place. This amount will be deducted from the first weeks fees.

Date: _____

ABOUT YOUR CHILD

Child's Surname: _____ Given Names: _____

Date of Birth: _____ Sex: Female Male

Address: _____ Postcode: _____

Language spoken at home _____ Religion _____

Special Needs

ABOUT THE CHILD'S PARENTS

	Father	Mother
Surname		
Given Name		
Relationship to Child e.g. stepfather, natural mother		
Address		
Current Occupation		
Employer		
Phone : Home		
Work		
Mobile		

Type of care required

Full-time care Part-time care

If part-time, what is the anticipated requirement?

Monday Tuesday Wednesday Thursday Friday

Approximate hours of care required (Centre is open 6.30am - 6.00pm)

Reason for requiring care:

For two parent families, do both parents work 15 or more hours per week? Yes / No

For sole parent families, does that parent work 15 or more hours per week? Yes / No

Do you know how many hours of Child Care Benefit you are entitled to? _____

Preferred commencement date if a place is available _____

Child's age at preferred commencement date _____

Signature of parent/guardian _____

Please print name _____

OFFICE USE ONLY

Enrolment Fee Paid: \$ _____ *Rec. Number* _____ *Date:* ____/____/____

Holding Deposit Paid: \$ _____ *Rec. Number* _____ *Date:* ____/____/____

Priority: 1 2 3

Date Commenced: ____/____/____ *Date left :* ____/____/____