



"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: _____

Email: _____
(for enrolment communication)

ABOUT THE CHILD'S PARENTS

	Father	Mother
Title (Mr, Mrs, Miss, Ms, etc.)		
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 6.00am - 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 _____

How did you hear about Mueller College Early Learning Centre _____

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 :* ____/____/____