

Albany Creek

Application for Enrolment



Child Details

Surname:

Date of Birth: DD / MM / YYYY

Given Name(s):

Gender: Male Female

Parent / Guardian Details

Child's Mother Father

Guardian – relationship to student:

Date from which care is required:

DD / MM / YYYY

Given name:

Please note: Whilst we will do everything possible to accommodate your request, there is no guarantee that care can be provided from this date.

Surname:

Title:

Does your child have any additional needs?

Date of birth (CCB claimant): DD / MM / YYYY

Home Address:

Postal Address:

Do you have a child already enrolled in the Centre?

No

Yes. Name of child enrolled:

Enrolments at Chatterbox are allocated in accordance with the Australian Government's Priority of Access Guidelines which set out the levels of priority which child care services must follow when filling vacant places. To assist us with this process can you please indicate your family's work status:

Single Parent/Guardian working/training/ studying*

Both Parents/Guardians working/training/ studying*

* as determined by section 14 of the "A New Tax System (Family Assistance) Act 1999"

Please tick preferred method of contact:

Home Phone:

Work Phone:

Mobile:

Preferred Email:

Signature of Parent/Guardian:

Days required (please tick)

Monday

Thursday

Tuesday

Friday

Wednesday

Date: DD / MM / YYYY

Office Use Only

Days offered:

Group:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Date of offer: DD / MM / YYYY

Contact made by: Phone Email

Proposed start date: DD / MM / YYYY

Date given to confirm by: DD / MM / YYYY

Contact us

**Chatterbox Early Learning & Child Care
Albany Creek**

Phone: (07) 3325 5143

Postal address:

P.O. Box 3317, South Brisbane, QLD, 4101

Email:

albanycreek@chatterboxchildcare.com.au

Website:

www.chatterboxchildcare.com.au

