



Park Orchards  
Community House  
& Learning Centre

# CHILDCARE/ACTIVITY GROUP APPLICATION FORM

# 2017

For priority preference applications are required by 30<sup>th</sup> of August 2016. Places may still be available after this date but due to increased demand priority will be given to applications received by 30<sup>th</sup> August 2016.

**Information about the child (Please tick appropriate box)**

Family Name: ..... Given Names: .....  
 Date of Birth: ..... \*Sex: M  F   
 Home Address: .....  
 Phone: ..... Parent's email address: .....  
 \*Has the child been fully immunised for their age: Yes  No   
 \*Refer to 'No Jab, No Play' legislation at [www.mvec.vic.edu.au](http://www.mvec.vic.edu.au)

Does this child or any siblings currently attend our childcare centre? Yes  No   
 Are you a student or planning to study with us in 2017? Yes  No

If YES, name of course

**Please select the day and sessions you require. NOTE: Maximum 15 hours per week per child.**

Monday	9am – 1pm <input type="checkbox"/>	9am – 2 pm <input type="checkbox"/>	Other, (please specify)	<input style="width: 100%; height: 20px;" type="text"/>
Tuesday	9am – 1pm <input type="checkbox"/>	9am – 2 pm <input type="checkbox"/>	Other, (please specify)	<input style="width: 100%; height: 20px;" type="text"/>
Wednesday	9am – 1pm <input type="checkbox"/>	9am – 2 pm <input type="checkbox"/>	Other, (please specify)	<input style="width: 100%; height: 20px;" type="text"/>
Thursday	9am – 1pm <input type="checkbox"/>	9am – 2 pm <input type="checkbox"/>	Other, (please specify)	<input style="width: 100%; height: 20px;" type="text"/>
Friday Activity Group (9am – 12pm)	<input type="checkbox"/>			

Do you require drop-off and/or pick-up to Park Orchards Kinder? Yes  No

If YES, please provide details of days and times.

Day	Drop Off Time	Pick Up Time

**Office Use Only**  
 Date received: ..... Staff Member Signature: .....

**Park Orchards Community House & Learning Centre Childcare Application Receipt 2017**  
 Receipt (detach and return to applicant – if receipt is acknowledged by email please specify)  
 Date received: ..... Staff Member Signature: .....