GREEK ORTHODOX COMMUNIUTY CHILDCARE CENTRE

REGISTRATION FORM 2021

childcare@gocstgeorge.com.au

32491080

Office Use Only
DATE:....................PRIORITY.............METHOD OF PAYMENT   CREDIT   CASH AGE GROUP...............REC NO.........................
YEAR TO COMMENCE.....................................KINDY PRE PREP...................

CHILD'S DETAILS

CHILDS SURNAME		CHILD'S FIRST NAME	
Date Of Birth		Sex	o Male o Female
Child's CRN Number		Religion	

PARENT/GUARDIAN DETAILS

First Parent/Guardian		Second Parent/Guardian	
PARENT SURNAME		PARENT SURNAME	
FIRST NAME		FIRST NAME	
Home Phone No.		Home Phone No.	
Mobile No.		Mobile No.	
Occupation		Occupation	
Work Phone Number		Work Phone Number	
Registered Parent CRN		Registered Parent CRN	
Registered Parent D.O.B		Registered Parent D.O.B	
Address		Address	
Email		Email	

WHAT **MONTH** AND **YEAR** WOULD YOU LIKE TO COMMENCE CHILDCARE: _____MONTH _____YEAR

DAYS YOUR CHILD WILL BE REQUIRING CARE: (Please tick)

o MONDAY	o TUESDAY	o WEDNESDAY	o THURSDAY	o FRIDAY

The Commonwealth Child Care Act determines who receives priority positions for Child Care

- o   Priority 1 - A single working parent or a two parent family with both parents working
- o   Priority 2 - Children or parents with a continuing disability
- o   Priority 3 - Children at serious risk of abuse of neglect
- o   Priority 4 - Parents with more than one child below school age
- o   Priority 5 - All other families

<u>IMPORTANT</u>

Please include **$10 Registration Fee.** This fee does not ensure a place in the centre. It is purely for administration costs and is non-refundable. This fee must be included with your application so that your name can be placed on the registered waiting list. It would be advisable to ring other childcare centres and have your name on as many lists as possible. Please inform us of any change of address or phone number. If no contact is made with the centre we will assume that you have found childcare elsewhere

CREDIT CARD PAYMENT

AMOUNT: $10.00   BANKCARD   VISA   MASTERCARD   CARDHOLDER'S NAME _____

CARD NO   DATE ....   SIGNITURE _____..................................

EXPIRY DATE

				CCV			

Thankyou.   Litsa Stilianos (Director)