



# GREEK ORTHODOX COMMUNITY CHILDCARE CENTRE REGISTRATION FORM

30 Browning Street South Brisbane, 4101  
Phone: (07) 3249 1080



Email: childcare@gocstgeorge.com.au

Office Use Only DATE:.....PRIORITY.....METHOD OF PAYMENT .....AGE GROUP.....REC NO..... YEAR TO COMMENCE.....KINDY PRE PREP.....
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### CHILD'S DETAILS

CHILD'S SURNAME		CHILD'S FIRST NAME	
Date Of Birth		Sex	<input type="radio"/> Male <input type="radio"/> 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 No.		Registered Parent CRN No.	
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)

<input type="radio"/> MONDAY	<input type="radio"/> TUESDAY	<input type="radio"/> WEDNESDAY	<input type="radio"/> THURSDAY	<input type="radio"/> FRIDAY
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The Commonwealth Child Care Act determines who receives priority positions for Child Care

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

### IMPORTANT

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 NAME \_\_\_\_\_

CARD NO

CARDHOLDERS SIGNATURE.....

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EXPIRY DATE

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Thank you. LITSA STILIANOS (Director)