



North Richmond Fun Factory OOSHCA

Application for Enrolment

Child details

First name:	Family name:	DOB: / /	Male <input type="checkbox"/>
			Female <input type="checkbox"/>
First name:	Family name:	DOB: / /	Male <input type="checkbox"/>
			Female <input type="checkbox"/>
First name:	Family name:	DOB: / /	Male <input type="checkbox"/>
			Female <input type="checkbox"/>

School attending: _____

North Richmond Fun Factory OOSHCA is currently the only service provided for Richmond North P.S and Grose View P.S, therefore students attending those schools are prioritised ahead of other schools in the area.

Parent / Guardian Details

Parent One's Name:	Parent Two's name:
DOB: / /	DOB: / /
Home address:	Home address:
Home phone: Mobile: Email:	Home phone: Mobile: Email:
Employer: Address: Work Phone	Employer: Address: Work Phone
Does your child have any additional needs? (This includes asthma, allergies, behaviour Concerns etc.)	

Please tick permanent days required: **Desired Commencement Date:** _____

MONDAY AM <input type="checkbox"/>	TUESDAY AM <input type="checkbox"/>	WEDNESDAY AM <input type="checkbox"/>	THURSDAY AM <input type="checkbox"/>	FRIDAY AM <input type="checkbox"/>
MONDAY PM <input type="checkbox"/>	TUESDAY PM <input type="checkbox"/>	WEDNESDAY PM <input type="checkbox"/>	THURSDAY PM <input type="checkbox"/>	FRIDAY PM <input type="checkbox"/>

Priority of Access

When determining the Priority of Access to our Service we are bound by the Australian Government’s Priority of Access Guidelines for Child Care Services.

Could you please answer the following questions to assist us in the assessment process for allocating available positions:

Is your child at risk of serious abuse or neglect? YES/NO
(Priority 1, however this will be decided in consultation with FACS).

Comment: _____

Are you a single parent? YES/NO

If yes: are you currently employed, or studying? YES/NO

If No: are either parents currently employed, studying, or both? YES/NO

Comments: _____

Is your child from an Aboriginal or Torres Strait Islander family? YES/NO

Is your child part of a family which includes a person with a disability? YES/NO

Is your child part of a family with a low income? YES/NO

Is your child part of a family with a non-English speaking background? YES/NO

Is your child part of a socially isolated family? YES/NO

Do you agree to inform the centre of any changes to this form? YES/NO

Parent/Guardian Signature _____ Date: _____

Completion of this form does not automatically guarantee a place at the service, as priority of access conditions apply, and further priority is given to current Fun Factory OOSHCA families / siblings.

Office use only:		
Received date:	Confirmation email sent:	Staff Initial:
Position offered: Emailed Date: Phone Date:	Position Accepted Position declined Partially accepted Start Date:	Date: Date: Date: