



Bunny Cottage Long Day Care Centre



6 Kenyon Road Bexley 2207 ACN. 063870833 Phone 95704153
High Quality Accredited Centre

Bunny Cottage Application Form

Please ensure this form is completely filled in. Incomplete forms will not be processed,
Thank-you.

Date of Application

Child's Name Date of Birth

Address

Post Code

Please indicate the days you would like. We have a minimum 2 day enrolment requirement. We suggest that the days are consecutive (i.e. in a row) as this gives young children a routine and allows more consistent friendships to form.

Please circle: Monday Tuesday Wednesday Thursday Friday

If the days chosen are not available would you like to be offered any days that become available?

Yes No

Please indicate when you would like your child to begin(month and year)

Parents Details

Parent One

Parent Two

Name:

Address:

Home Phone:

Work Phone:

Mobile:

Email contact:

Centrelink Information **IMPORTANT – MUST BE COMPLETED**

Customer Reference Number: _ _ - _ _ - _ _ _ _ mother **or** father (please circle)

Childcare Benefit % _____

Mothers date of birth: _____

Fathers date of birth: _____

Child's Reference Number: _ _ - _ _ - _ _ _ _

.....

Office Use Only

Date Date Date Date

Age Age Age Age

Offered Position

Date Date Date Date

To meet Government Requirements the Following questions **must** be filled in or this form is invalid.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is your child at risk of serious abuse or neglect? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Child of a single parent? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Two parents working? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Two Parents Studying/Training? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. One parent working, one studying? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does your family fit into any of these categories? | Yes | No |
| a. Aboriginal/ Torres Straight Islander | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Parents of child/ren with special needs | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Non English speaking background | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Single Parent | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Home with several small children | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does your child have any Health related special needs? | | |

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.....
8. Is there anything else we need to know about your family or your child?
.....
.....

Thankyou for filling out this form. Please sign below and return to the Centre.

If for any reason you decide to remove your child form the Waiting List please let us know.

Please understand staff cannot give estimates of when you will be offered a position.

Declaration:

I understand and agree that I will need to pay 4 weeks fees up front.

I understand and agree I will need to give 2-4 weeks paid notice if I withdraw my child.

Signed Date

Witness

For our records could you please let us know where you found out about Bunny Cottage.

- | | | | | | |
|---------------|--------------------------|--------------------|--------------------------|--------------------------------|--------------------------|
| Word of Mouth | <input type="checkbox"/> | Friend | <input type="checkbox"/> | White Pages | <input type="checkbox"/> |
| Relative | <input type="checkbox"/> | Yellow Pages | <input type="checkbox"/> | Rockdale Council | <input type="checkbox"/> |
| Pink Pages | <input type="checkbox"/> | Hurstville Council | <input type="checkbox"/> | Local Newspaper | <input type="checkbox"/> |
| Driven Past | <input type="checkbox"/> | Internet website | <input type="checkbox"/> | Please indicate which one..... | |

Other (please specify) Thankyou!