



CENTRAL REGISTRATION SYSTEM APPLICATION FORM

CHILD DETAILS

Given Name/s: _____

Family Name: _____

Date of Birth: ____ / ____ / ____

PARENT / GUARDIAN 1 DETAILS

Given Names: _____

Family Name: _____

Residential Address: _____

Mobile: _____

Email: _____

SERVICE DETAILS

LONG DAY CHILDCARE (including a 3 and 4 year old integrated kindergarten program)

When choosing your preferred start date, please consider that the majority of places become available at the beginning of each year. This application does not guarantee a place will be available at your nominated date.

Preferred start date Date: ____ / ____ / ____

Please number services in order of preference:

Angliss Children's Centre	<input type="checkbox"/>	Bulldogs Community Children's Centre	<input type="checkbox"/>	Maribyrnong River Children's Centre	<input type="checkbox"/>
Billy Button Children's Centre	<input type="checkbox"/>	Church St Children's Centre	<input type="checkbox"/>	Norfolk Street Child Care Centre	<input type="checkbox"/>
Brenbeal Children's Centre	<input type="checkbox"/>	Gowrie Victoria Clare Court	<input type="checkbox"/>	Saltwater Child Care Centre	<input type="checkbox"/>

How many days do you need childcare? _____

Are you flexible with days? Yes ☐ No ☐

Which days do you need child care? ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri

Signature of Parent / Guardian: _____

Date: ____ / ____ / ____

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