



# EIKOH SEMINAR (AUSTRALIA) PTY. LIMITED

CENTRE: NORMANHURST: \_\_\_ WEST RYDE: \_\_\_ ST. IVES: \_\_\_ ROSEVILLE: \_\_\_

## APPLICATION FORM – CONFIDENTIAL

### SIBLING

DATE: / / .

Child's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: Male / Female

Name of Sibling attending centre: \_\_\_\_\_

Home address: \_\_\_\_\_

Post code: \_\_\_\_\_ Home Phone No: \_\_\_\_\_

No. of days: \_\_\_\_\_ Days required: Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_

During what hours do you require care? Between: \_\_\_\_\_ and: \_\_\_\_\_

When would you like to start? \_\_\_\_\_

What year do you expect your child will start School? \_\_\_\_\_

**Parent 1's name:** \_\_\_\_\_ (mother/father)

Mobile: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Parent 2's name:** \_\_\_\_\_ (mother/father)

Mobile: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Guardian's name:** (if applicable) \_\_\_\_\_

Mobile: \_\_\_\_\_ e-mail: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

#### PRIORITY OF ACCESS TO CARE:

- 1 = A child at risk of serious abuse or neglect.
- 2 = A child of a parent (or both parents if you have a partner) who satisfies the Government=s work, training, study test.
- 3 = Any other child.

DIRECTOR'S NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OFFICE ONLY:** Date: \_\_\_\_\_