

ENROLMENT YEAR: 20 /

APPLICATION TO ENROL at BVSC CHILDREN'S SERVICES

About your child

Child's name	Full name	<input type="text"/>	
Other details	Date of birth	<input type="text"/>	Is your child of school age? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Child's CRN	<input type="text"/>	If yes, which school is he/she attending and year started? <input type="text"/>
	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Parent/Guardian details

parent/guardian 1

parent/guardian 2

		Eligible for Childcare benefits : Approved care only	
Name	Full name (include other names you have been known as)	<input type="text"/>	<input type="text"/>
Residential address	Street & locality	<input type="text"/>	<input type="text"/>
Postal address	(if different from above)	<input type="text"/>	<input type="text"/>
Contact details	business hours	<input type="text"/>	<input type="text"/>
	after hours	<input type="text"/>	<input type="text"/>
	mobile	<input type="text"/>	<input type="text"/>
	Email	<input type="text"/>	<input type="text"/>
	Occupation	<input type="text"/>	<input type="text"/>
	Date of birth	<input type="text"/>	<input type="text"/>
	Parent's CRN	<input type="text"/>	<input type="text"/>
Are you or your children of Aboriginal or Torres Strait Island origin?		<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander

Services required

Required date

Service	(tick relevant box)	Bega:	Eden:	Sapphire Mobile Preschool:		
		<input type="checkbox"/> Bandara Children's Service <input type="checkbox"/> Bega After School Care <input type="checkbox"/> Bega Vacation Care	<input type="checkbox"/> Eden Child Care <input type="checkbox"/> Eden Preschool	<input type="checkbox"/> Bemboka <input type="checkbox"/> Candelo		
Type of care and hours of attendance		Monday	Tuesday	Wednesday	Thursday	Friday
	LDC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preschool	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Occasional	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	LDC - ASC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	OHSC - VC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Alternatively

No. of days required

☐ Any days available

OFFICE USE ONLY

BEGA VALLEY SHIRE COUNCIL

Received by

Receipt date

Time received

Forms can be lodged at

Bega Services: PO Box 672, Bega NSW 2550 | Cnr Laws Drive & Rawlinson Street | T: 6499 2118 | e: bandara@begavalley.nsw.gov.au

Eden Services: 2A Bimmil Street, Eden NSW 2551 | T: 6499 2118 | e: bandara@begavalley.nsw.gov.au

Priority of access guidelines

I understand that Children's Service is required to comply with the priority of access guidelines set out by NSW Education & Communities and the Australian Government Department of Education.

A child care service may require a Priority 3 child to vacate a place to make room for a child with a higher priority. They can only do so if you are notified when your child first entered care that your service follows this policy and are given at least 14 days notice of the need for your child to vacate.

Programs eligible for Child Care Benefit

Please identify **any category** that may apply to your family:

Priority 1: Child at risk of serious abuse or neglect	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Priority 2: A child of a single parent who satisfies, or of parents who both satisfy , the work/training/study test under Section 14 of the <i>A New Tax System (Family Assistance) Act, 1999. Assistance) Act, 1999.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Priority 3: Any other child	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Programs eligible for PS funding or for Child Care Benefit

Within each category priority will be given to:

- | | | |
|---|------------------------------|-----------------------------|
| • Children in Aboriginal and Torres Strait Islander families | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Children in families who include a disabled person | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please circle mother / father / guardian / child | | |
| Advise nature of the disability _____ | | |
| • Children in families on low incomes / partner on income support | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Children in families from a non-English speaking background | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Children in socially isolated families | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Children of single parents | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Children in year prior to school (preschool care only) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Do you have a sibling enrolled at any BVSC Children's Services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

In order to help us meet your needs for child care and preschool, please inform the Administration Officer for your service of any changes to your circumstances or care requirements as soon as possible.

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Date:	Time:	Contact name and follow up undertaken: