

Thank you for choosing a Uniting Early Learning Program.

Please complete this form and scan & email or post it to your preferred service – see contact details on page 2.

NAME OF SERVICE	TICK ✓	AGE GROUP YOU WISH TO APPLY FOR (PLEASE CIRCLE)			
Cooke Court Child Care Centre		0-1	1-2	2-3	3-5
Rupert Street Child Care & Kindergarten		0-1	1-2	2-3	3-5

What days of the week do you need childcare? (please circle)	Monday	Tuesday	Wednesday	Thursday	Friday
Date child is required to commence from: ___ / ___ / ____					

### CHILD'S DETAILS

Family Name:	Given Name:	Preferred Name:			
Date of Birth:	<b>Attach a copy of the child's birth certificate</b>			Male ✓	Female ✓
Address:		Suburb:	Postcode:		

### ADDITIONAL INFORMATION

Is your child of Aboriginal and/or Torres Strait Islander descent?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Are you a single parent family?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
<u>Single Parent Family:</u> Are you currently working, training or studying?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>If Yes, please provide details</i>
<u>Family with 2 Parents:</u> Are both parents currently working, training or studying?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>If Yes, please provide details</i>
Is your family currently being supported by a Case Manager from Family Services, Child Protection or another similar government agency?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>If Yes, please provide details</i>
Is your child currently in an Out of Home Care arrangement, including kinship care?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>If Yes, please provide details</i>
Does your child have a diagnosed need for additional support, or a disability?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>If Yes, please provide details</i>
Are you accessing, or on the waiting list for, any specialist services?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>If Yes, please provide details</i>
Is there a disabled person in your immediate family?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>If Yes, please provide details</i>
Is English your family's first language?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>If No, what is your first language?</i>

### PARENT / CARE GIVER INFORMATION

<b>Parent / Care Giver 1:</b>	Full Name:		Relationship to Child:		
	Mobile:	Home:	Work:		
	Email Address:		Address <i>If different:</i>		
<b>Parent / Care Giver 2:</b>	Full Name:		Relationship to Child:		
	Mobile:	Home:	Work:		
	Email Address:		Address <i>If different:</i>		

Our preferred method of correspondence is email. If you require correspondence by post, please tick box

**Important: It is the family's responsibility to inform us of any changes to contact details, including email addresses.**

Failure to do so may result in missing out on an offer of place or other important correspondence.

Please email changes to [cookecrt.els@vt.uniting.org](mailto:cookecrt.els@vt.uniting.org) **or** [rupertst.els@vt.uniting.org](mailto:rupertst.els@vt.uniting.org)

I have completed all details on the application form and confirm that all information is true and correct.  
I have attached a copy of my child's birth certificate.

**Parent / Guardian Signature:**

**Date:**

#### Contact Details

Cooke Court Child Care Centre	22 Church St. Richmond VIC 3121	<a href="mailto:cookecrt.els@vt.uniting.org">cookecrt.els@vt.uniting.org</a>
Rupert Street Child Care & Kindergarten	117 Rupert St. Collingwood VIC 3066	<a href="mailto:rupertst.els@vt.uniting.org">rupertst.els@vt.uniting.org</a>