



BEFORE AND AFTER SCHOOL CARE ENROLMENT FORM

Start Date:

Confidential Details, Child 1

Child Given Name(s):

Surname:

NORTHSIDE

ELC

SOUTHSIDE

JUNIOR SCHOOL

Child CRN:

Child DOB:

Confidential Details, Child 2

Child Given Name(s):

Surname:

NORTHSIDE

ELC

SOUTHSIDE

JUNIOR SCHOOL

Child CRN:

Child DOB:

Confidential Details, Child 3

Child Given Name(s):

Surname:

NORTHSIDE

ELC

SOUTHSIDE

JUNIOR SCHOOL

Child CRN:

Child DOB:

CCB/CCR Registered Parent/Guardian 1 Details

Relationship to the child(ren): Mother Father Other

Are you the parent/guardian registered to claim Childcare benefit (CCB) and/or Childcare Rebate through the Department of Human Services? Yes No

Surname:	First name:
Date of birth:	CRN:
Mobile:	Work phone:
Email:	

Parent/Guardian 2 Details

Relationship to the child(ren): Mother Father Other

Surname:	First name:
Date of birth:	CRN:
Mobile:	Work phone:
Email:	

Booking Information

Permanent Booking

Casual Booking

BSC	MON	TUE	WED	THUR	FRI

ASC	MON	TUE	WED	THUR	FRI

Please return this form to cgscare@cgs.act.edu.au or to any school reception.