



7 Samarinda Avenue,  
Ashburton. 3147  
Phone: 9885 7789  
Fax: 9885 6299  
Reg. No. A0032711V

**APPLICATION FOR 'JOEYS'**  
**OCCASIONAL CARE 2022**

Name of Child: \_\_\_\_\_  
(block letters) SURNAME GIVEN NAME

Date of Birth: DD / MM / YYYY Gender: M / F

Name of Mother/Guardian: \_\_\_\_\_ DOB: DD/MM/YYYY

Name of Father/Guardian: \_\_\_\_\_ DOB: DD/MM/YYYY

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Please number your preferences for occasional care sessions (1-5 etc) :

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
9am – 2pm OR 8.30am – 3pm (pls circle)	9am – 2pm OR 8.30am – 3pm (pls circle)	9am – 2pm OR 8.30am – 3pm (pls circle)	9am – 2pm OR 8.30am – 3pm (pls circle)	9am – 2pm OR 8.30am – 3pm (pls circle)

Or any day  Preferred number of sessions per week

Are your child's immunisations current? *Please circle* **Yes** **No**  
*If no, please provide reason and relevant documentation for exemption*

Does your child have any special needs?

*I accept the terms of the Craig Family Centre's selection criteria, and declare that the information I have supplied is true and accurate. I understand that the personal information requested on this Application Form is being collected for the purpose of confirming my child's placement in one of the Craig's Children's Services. I understand that in lodging an application, an offer of enrolment is not guaranteed.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_