



Paddington Children's Centre (UnitingCare)

30 Gordon St Paddington NSW 2021

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ABN: 92 306 461 065

CRN: 555 000 099T

'To empower children to become effective members of their broader communities.'

PRELIMINARY ADMINISTRATION APPLICATION

Office use:	Date Rec'd:	\$11 Admin fee paid: Y <input type="checkbox"/> N <input type="checkbox"/> (N/A Sibling & Telstra)
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YOUR CHILD'S DETAILS

FAMILY NAME: _____

GIVEN NAMES: _____

DATE OF BIRTH: _____

(expected DOB if unborn)

GENDER: _____

MALE FEMALE

(please tick applicable box)

DAYS REQUESTED: Month / Year you wish your child to start: ____ / ____

MON TUES WED THURS FRI

Minimum days required: 1 2 3 4 5

Would you consider other days if above unavailable? Yes No

If your child has additional needs (Physical, medical, learning, etc) or any other special circumstances for priority placement (Socially isolated, sibling in centre, etc)? Please detail:

PARENT #1 DETAILS	PARENT #2 DETAILS
Family name: _____	Family name: _____
Given name: _____	Given name: _____
Street Address: _____	Street Address: _____
Suburb: _____ Postcode: _____	Suburb: _____ Postcode: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Mobile Phone: _____	Mobile Phone: _____
Email: _____	Email: _____
Please tick applicable details to ensure priority of placement:	Please tick applicable details to ensure priority of placement:
<input type="checkbox"/> Working Full time <input type="checkbox"/> Working Part time	<input type="checkbox"/> Working Full time <input type="checkbox"/> Working Part time
<input type="checkbox"/> Seeking work	<input type="checkbox"/> Seeking work
<input type="checkbox"/> Studying Full time <input type="checkbox"/> Studying Part time	<input type="checkbox"/> Studying Full time <input type="checkbox"/> Studying Part time
<input type="checkbox"/> Sole Parent	<input type="checkbox"/> Sole Parent
<input type="checkbox"/> Sibling currently at Centre	<input type="checkbox"/> Sibling currently at Centre
<input type="checkbox"/> Aboriginal or Torres Strait Islander:	<input type="checkbox"/> Aboriginal or Torres Strait Islander:
<input type="checkbox"/> Family includes a disabled person:	<input type="checkbox"/> Family includes a disabled person:
<input type="checkbox"/> Child Care Benefit at or above 100%:	<input type="checkbox"/> Child Care Benefit at or above 100%:
<input type="checkbox"/> Non English Speaking Background:	<input type="checkbox"/> Non English Speaking Background:
<input type="checkbox"/> Socially Isolated Family:	<input type="checkbox"/> Socially Isolated Family:
<input type="checkbox"/> Telstra employee (verification required)	<input type="checkbox"/> Telstra employee (verification required)

Please note: Allocation of days will be dependant upon vacancies. Unfortunately this application cannot guarantee placement.

SIGNATURE: _____ (Parent /Guardian)