



**HOLDEN STREET
NEIGHBOURHOOD HOUSE, INC**
128 Holden Street
NORTH FITZROY VIC 3068

Childcare Provider No: 555016087V

ABN: 15 398 624 647
REG: A0010350V
Phone: (03) 9486 1972 (childcare)
Fax: (03) 9489 9544
Email: childcare.hsnh@internode.on.net
Website: www.users.on.net/~holdensnh

2012 CHILDCARE APPLICATION FORM

Holden Street Neighbourhood House's Sessional Childcare and 3 year old Kindergarten program accepts children 0 – 6 years. Children must be 3 years old to commence Kindergarten groups. To apply for a childcare placement in our program, simply print, complete and send us this form. In due course we will contact parents/carers to advise of any places that become available.

Please let us know if you no longer wish to have your child(ren) on our waiting list so we can update our records accordingly. Thank you.

(Please attach extra copies of this form if more than two children are being registered.)

Date: _____ / _____ / _____

Child 1's Name: _____

Child 1's Birthdate: _____ / _____ / _____

Child 2's Name: _____

Child 2's Birthdate: _____ / _____ / _____

Parent's/Carer's Name: _____

Address: _____

Phone/Mobile: _____

Email: _____

Any Comments: _____

Childcare Sessions:	3 year old Kindergarten Sessions:
<ul style="list-style-type: none"> • Mon 9:00am – 12:00pm or 1:00pm – 4:00pm • Tue 9:00am – 12:00pm or 1:00pm – 4:00pm • Wed 9:00am – 12:00pm 	<ul style="list-style-type: none"> • Wed 1:00pm – 4:00pm • Thu 9:00am – 12:00pm or 1:00pm – 4:00pm • Fri 9:00am – 12:00pm or 1:00pm – 4:00pm

Due to Children's Services Regulations, it is not possible for children to attend more than 3 sessions per week.

Are you currently booked into childcare and/or kindergarten elsewhere? Yes No

If you know on what day you would like your child(ren) to attend in the future, then please indicate your preferences below otherwise leave the following section blank.

Is any session suitable? Yes No *If no, indicate your preferences:*

1st Preference:	<input type="checkbox"/> Monday AM	<input type="checkbox"/> Tuesday AM	<input type="checkbox"/> Wednesday AM	<input type="checkbox"/> Thursday AM	<input type="checkbox"/> Friday AM
	<input type="checkbox"/> Monday PM	<input type="checkbox"/> Tuesday PM	<input type="checkbox"/> Wednesday PM	<input type="checkbox"/> Thursday PM	<input type="checkbox"/> Friday PM
2nd Preference:	<input type="checkbox"/> Monday AM	<input type="checkbox"/> Tuesday AM	<input type="checkbox"/> Wednesday AM	<input type="checkbox"/> Thursday AM	<input type="checkbox"/> Friday AM
	<input type="checkbox"/> Monday PM	<input type="checkbox"/> Tuesday PM	<input type="checkbox"/> Wednesday PM	<input type="checkbox"/> Thursday PM	<input type="checkbox"/> Friday PM
3rd Preference:	<input type="checkbox"/> Monday AM	<input type="checkbox"/> Tuesday AM	<input type="checkbox"/> Wednesday AM	<input type="checkbox"/> Thursday AM	<input type="checkbox"/> Friday AM
	<input type="checkbox"/> Monday PM	<input type="checkbox"/> Tuesday PM	<input type="checkbox"/> Wednesday PM	<input type="checkbox"/> Thursday PM	<input type="checkbox"/> Friday PM

Do you have a current Health Care Card? Yes No

Return Form by: Mail or fax. You can also submit it in person but please call 9486 1972 firstly. 3-Nov-11: Web Vsn
Office Hours: 9:00am - 4:00pm Tuesday (Admin Day) – please leave phone message at other times