



REGISTRATION FORM 2020

Child's Name:
Date of Birth:
Male <input type="checkbox"/> Female <input type="checkbox"/>
Parents/Guardians Names:
Email Address:
Home Phone:
Mobile:

Please tick your preferred days:

Program

- | | |
|---------------------------------------|--|
| Long Day Care | Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> |
| After Kindergarten Care | Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> |
| After School Care | Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> |
| Pre-Program Care (Kinder & School) | Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> |
| Vacation Care – School (Casual) | <input type="checkbox"/> |
| Vacation Care – Kindergarten (Casual) | <input type="checkbox"/> |

Do you have a current enrolment with Karmai Community Children's Centre? Yes No
(If your child is not currently enrolled, you will need to complete additional enrolment forms)

If you do not have a current enrolment with Karmai, how did you hear about us?

- | | |
|--------------------|--------------------------|
| Shire | <input type="checkbox"/> |
| Family/Friends | <input type="checkbox"/> |
| Previous enrolment | <input type="checkbox"/> |
| Web Search | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Your child **must** be fully immunised and you **must** provide a copy of their current immunisation summary. This can be obtained from the MyGov website via the Medicare link and emailed directly to us.

Name: _____ Date: _____