



PRE-ENROLMENT APPLICATION

After School Care, Homework Club, Vacation Care, Weekend Excursions

402 - 404 Riley Street SURRY HILLS 2010

GBB Ph: 9319 4509 **Fax:** 9319 3545 **Email:** gbb.enquiry@girlsandboysbrigade.com.au

SHCP Ph: 9288 5660 **Fax:** 9288 5661 **Email:** surryhillscp@cityofsydney.nsw.gov.au

Please note that all information will be treated as confidential.

We are a free/minimal cost service. Successful enrolment is based on financial and/or other needs. If your application is successful, you will be required to complete an Enrolment Form and attend a family meeting.

Primary Carer Information:

*Who is/are the primary carer/s of the child/ren applying for enrolment?

Name/s.....
.....

*List any other people who contribute to the family income-

Name/s.....
.....

Please complete your contact/family details-

*Address.....

*Contact Phone Home..... Mobile.....

*Email Address.....(optional)

*Relationship to the child that you are enrolling.....

*Are you....Married Single Life partner/defacto

*Do you identify as....Aboriginal or Torres Strait Islander Yes No

* Are you in Australia on a Visa? Yes No

*If yes, what is the Visa type and Class (please provide proof).....

*Do you or a member of your family have a disability? Yes No

*If yes, what is the nature of the disability?

*Which type of housing do you live in? Dept of Housing (rent) Private housing (rent)

Private housing (mortgage) Temporary housing Other (refuge/shelter/ family or friends)

Centrelink Information:

*Do you/your family receive any Centrelink payments Yes No

*How much is received **per week gross** (before tax)? \$.....

*Do you have a Health Care Card Yes No

(Please provide proof- a **Centrelink Health Care Card and/or Centrelink Income Statement**)

Employment/Income Information:

*Do you work? Full/time Part/time Casual Not working

*Where do you work?.....

*How much do you earn/receive **per week gross** (before tax)? \$.....

*Does someone else in your family work or receive income? Full/time Part/time
Not working Casual

*Where do they work?.....

*How much do they earn/receive **per week gross** (before tax)? \$.....

(Please provide proof, either **8 weeks pay slips, a letter from your employer or most recent tax return**)

Child/ren information:

*Name..... *Name.....

*Date of birth..... *Date of birth.....

*School..... *School.....

*Please list any other dependant children up to the age of 18 years (**who are not enrolling at this time**)

Name..... Age.....

Name..... Age.....

Name..... Age.....

*Does your child/ren have any special needs? Yes No

*If yes, what is the nature of their disability or special needs?.....

Signature of Applicant: **Date:**.....

Checklist:

Have you provided?

*Identification (licence, passport, pension card etc)

*Proof of address * Proof of Visa

*Centrelink Health Care Card/Income Statement

*Proof of income

Authority to share information:

I give permission for the information in this Pre-Enrolment Form and the assessment results to be shared with City of Sydney Council and The Girls & Boys Brigade as part of the enrolment process. I understand all information is confidential and will only be used for this purpose.

Signature of Applicant: **Date:**.....