



Occasional Care

Registration of Interest

Child details

First name:

Surname/
Family name:

Date of birth:

*Proof of age must be provided at time of enrolment

Gender: Male Female

Address:

Address:

Suburb:

Postcode:

Phone Number:

Email Address:

Is your child of Aboriginal or Torres Strait Islander origin?

No

Yes, Aboriginal

Yes, Torres Strait Islander

Is this child under the Guardianship of the Minister or in alternative care?

No

Yes

Does your child have any additional needs or a medical condition that may require support?

No

Yes (please provide details below)

Parent / Guardian details

Name:

Relationship to child:

Signature:

Date: