

Thank you for your interest in Gowrie NSW outside school hours care programs.

Please complete this form and return by email or post with the non-refundable administration fee to an address below. Completion and return of this form with payment places your child's name on the waiting list but does not guarantee a place at a Centre. You will receive a confirmation letter and receipt to confirm your place on the waiting list and will be contacted when a place becomes available.

The information provided is confidential and used for the purposes of placing your child on a waiting list at a Gowrie NSW outside school hours care program.

- Gowrie NSW Erskineville Outside School Hours Care:** Malcolm Street (Enter through Bridge Street)
Erskineville NSW 2043
Phone: 02 9557 5061 Email: Erskinevilleoshc@gowriensw.com.au
School the child attends
- Gowrie NSW Ryde Outside School Hours Care:** 582 Victoria Rd, Ryde NSW 2112
Phone: 02 9807 3793 Email: Rydeoshc@gowriensw.com.au
- Gowrie NSW Gladesville Outside School Hours Care:** Westminster Road, Gladesville NSW 2111
Phone: 02 8571 9744 Email: Gladesvilleoshc@gowriensw.com.au

Required start date:

Preferred days: Before School Care Monday Tuesday Wednesday Thursday Friday
After School Care Monday Tuesday Wednesday Thursday Friday

Does a sibling of the child attend the nominated centre: YES NO Name:

CHILD'S DETAILS

Given Name Family Name

Address

Date of Birth Male Female Aboriginal Torres Strait Islander

PARENT / GUARDIAN DETAILS

	Parent/Guardian 1	Parent/Guardian 2
Given Name		
Family Name		
Relationship to Child		
Phone (Home / Work)		
Phone Mobile		
Date of Birth		
Email 1		
Email 2		

PRIORITY OF ACCESS

The following questions are necessary to determine your priority rating as determined by the Federal Government. If you answer yes to any of the following, you may be required to provide proof under Section 14 of the Family Assistance Act.

Priority	Children in
<input type="checkbox"/> Priority 1 A child at risk of serious abuse or neglect	<input type="checkbox"/> Children in Aboriginal and Torres Strait Islander families
<input type="checkbox"/> Priority 2 A child of a single parent who satisfies, or of parents who both satisfy the work/training/study test under section 14 of the <i>Family Assistance Act</i> . <i>(The eligible hours for CCB on the child's income Assessment Notice will tell you this)</i>	<input type="checkbox"/> Children in families which include a disabled person
<input type="checkbox"/> Priority 3 Any other child	<input type="checkbox"/> Children in families on lower incomes (100% CCB)
	<input type="checkbox"/> Children in families with a non-English speaking background
	<input type="checkbox"/> Children of single parents

I understand the Priority of Access conditions outlined and agree to notify the centre should my circumstances change.

Parent / Guardian

Name Signature

Date

A non-refundable administration fee of \$25 is payable to secure a place on the waiting list. Forms received without payment will not be processed.

Credit / Debit Card Details	
Card Number	
Expiry Date	Visa / Mastercard
Name on Card	Amount \$
Signature	

OFFICE USE ONLY:

Payment received: Date

Receipt Number: Information entered on wait list:

Acknowledgement sent:

Staff Name: Signature:.....