



Information for Department of Education Employment & Workplace Relations (DEEWR)

Child's Name: _____

Mother Customer Reference Number (CRN): _____ Birth Date: _____

Father Customer Reference Number (CRN): _____ Birth Date: _____

Child Customer Reference Number (CRN): _____

Which CRN do you wish to use for this enrolment (Mother or Father) *Please circle*

Has this Parent been assessed for CCB: Yes/No *Please Circle*

Do you have any other children who are registered for Child Care Benefit? Yes /No

If yes: Child's Name: _____

Name of Centre: _____

Will your child be attending another childcare centre once enrolled at this service? Yes / No.

If yes: Centre Name: _____

Total days booked per week: _____

Does your child have a Health Care Card? Yes / No.

If Yes, please provide a copy to the service.

Are you an Australian Resident? Yes / No

If No, please attach a current copy of your medical insurance and immunisation status prior to commencing care.

Parent 1. Nationality: _____

Parent 2. Nationality: _____

Primary Home Language:

Of Child: _____ Of Family: _____

INDIGENOUS STATUS

Do you identify the child on this enrolment form as:

- Aboriginal Origin
- Torres Strait Islander Origin
- Both Aboriginal & Torres Strait Islander Origin
- Neither Aboriginal nor Torres Strait Islander Origin.

DISABILITY STATUS

Does this child have a need for additional assistance (lasting for more than 6 months) in any of the following areas?

- Learning and applying Knowledge
- Communication
- Mobility
- Self-Care
- Interpersonal interactions and relationships
- Other.

SPECIAL NEEDS STATUS

Do you identify the child on the enrolment form as:

- From a culturally and linguistically diverse background
- Child with a refugee background who have been subjected to trauma
- Indigenous Child
- A placement sought by a state or territory child protection worker
- As a child in the care of the state, or other form of out of home care.