

EIKOH SEMINAR (AUSTRALIA) PTY. LIMITED

CENTRE: NORMANHURST: ___ WEST RYDE: ___ ST. IVES: ___ ROSEVILLE: ___ LURNEA: ___

APPLICATION FORM - CONFIDENTIAL

DATE: ___ / ___ / ___

Child's Name: _____

Date of birth: _____ Gender: Male / Female

Home address: _____

Post code: _____ Home Phone No: _____

Company name (if applicable): _____

No. of days: _____

Days required: Mon: ___ Tues: ___ Wed: ___ Thurs: ___ Fri: ___

During what hours do you require care? Between: _____ and: _____

COMMENCEMENT DATE: _____

Mother's name: _____ Mobile: _____

Phone No.(work): _____ e-mail: _____

Father's name: _____ Mobile: _____

Phone No.(work): _____ e-mail: _____

Guardian's name (if applicable): _____ Mobile: _____

Phone No.(work): _____ e-mail: _____

How did you find out about this centre? Word of mouth _____ Local newspaper _____
Internet _____ Yellow pages _____
Other _____

Language(s) spoken at home: _____

PRIORITY OF ACCESS TO CARE:

1 = A child at risk of serious abuse or neglect.

2 = A child of a parent (or both parents if you have a partner) who satisfies the Government's work, training, study test.

3 = Any other child.

DIRECTOR'S NOTES: _____

There is a \$25.00 fee per family to have your name placed on the waiting list. Cheques are to be made payable to "Eikoh Seminar Australia Pty Limited".

OFFICE ONLY: DEPOSIT PAID: _____ Date: _____

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EIKOH SEMINAR (AUSTRALIA) PTY. LIMITED

CENTRE: NORMANHURST: ____ WEST RYDE: ____ ST. IVES: ____ ROSEVILLE: ____ LURNEA: ____

APPLICATION FORM – CONFIDENTIAL

SIBLING

DATE: ____ / ____ / ____

Child's Name: _____

Date of birth: _____ Gender: Male / Female

Home address: _____

Post code: _____ Home Phone No: _____

Name of Sibling attending centre: _____

Company name (if applicable): _____

No. of days: _____

Days required: Mon: ____ Tues: ____ Wed: ____ Thurs: ____ Fri: ____

During what hours do you require care? Between: ____ and: ____

COMMENCEMENT DATE: _____

Mother's name: _____ Mobile: _____

Phone No.(work): _____ e-mail: _____

Father's name: _____ Mobile: _____

Phone No.(work): _____ e-mail: _____

Guardian's name (if applicable): _____ Mobile: _____

Phone No.(work): _____ e-mail: _____

Language(s) spoken at home: _____

PRIORITY OF ACCESS TO CARE:

1 = A child at risk of serious abuse or neglect.

2 = A child of a parent (or both parents if you have a partner) who satisfies the Government's work, training, study test.

3 = Any other child.

DIRECTOR'S NOTES: _____

OFFICE ONLY: Date: _____

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