

## Parent/Carer Details

Date of Enquiry:

Contact Name:

Address:

Phone:

Email:

## Childs details

Childs Name

Date of Birth

## Days Required

Please select  
days required

Monday

☐

Tuesday

☐

Wednesday

☐

Thursday

☐

Friday

☐

Comments

## Childs Room

Please select

Kindy Room 2-5yr

☐

Nursery Room 0-2yr

☐

## Start Date Requesting

## Priority Access- Positions are allocated based on Priority Access Guidelines

Please select all the areas relevant to your  
situation

Aboriginal/Torres Strait  
Islander

☐

Disability

☐

Working

☐

Non-working

☐

Studying

☐

## Working Details – Please advise place of Employment

Parent/Carer Name:

Place of Employment:

Parent/Carer Name:

Place of Employment:

## Authority- To be completed by HI Kindy Staff – Updated Allocation Report

Name and Sign:

Date:

**Any Extra Information:**