



AFTER SCHOOL CARE ENROLMENT FORM

Milkwood Steiner School, 107 Boulter Road, Berrimah, NT, 0828

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STUDENT DETAILS

CHILD 1.

Name: _____

Date of Birth: _____

CRN: _____

CHILD 2.

Name: _____

Date of Birth: _____

CRN: _____

FAMILY DETAILS

CENTRELINK INFORMATION:

Who's name is the Child Care Benefit/ Rebate registered with?Date of Birth.....

Family Reference Number: _____

PARENT OR GUARDIAN 1.

Name: Parental Responsibility:

Relationship to Student: Suburb & Post Code:

Postal Address: Home Phone No:

Home Address: Business Phone No:

Mobile No: Nationality:

Email Address: Occupation/Employer:

PARENT OR GUARDIAN 2.

Name: Parental Responsibility:

Relationship to Student: Suburb & Post Code:

Postal Address: Home Phone No:

Home Address: Business Phone No:

Mobile No: Nationality:

Email Address: Occupation/Employer:

EMERGENCY CONTACT DETAILS (LOCAL CONTACTS OTHER THAN THE PARENT/GUARDIAN)

1. Name: Relationship to Child:
Address: Suburb & Postcode:
Home Phone No: Work/Mobile Phone No:

2. Name: Relationship to Child:
Address: Suburb & Postcode:
Home Phone No: Work/Mobile:

DAYS OF CARE REQUIRED (circle days)

CHILD 1: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

CHILD 2: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

PARENT AGREEMENT

Please send invoices and account information to: _____

Fees

1. I agree to pay invoiced After School fees within 7 days.
2. Permanent bookings must give 24hrs notice if child is absent or daily fee rates will be invoiced.
3. Casual bookings are required 24hrs before the day of care is required.
4. The daily fee is \$30.00 per child. Sibling discounts apply.

PARENT/S SIGNATURE/S

SIGNATURE: _____ DATE: _____