## Hamilton Island School Age Care Enquiry



Parent/Carer Details			
Date of Enquiry:			
Contact Name:			
Address:			
Phone:			
Email:			
Childs details			
Childs Name			
Date of Birth			
Days Required			
Please select	Monday	Tuesday	
days requiring	Wednesday	Thursday	
After School	Friday	Casual as needed	
Comments			
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:		Dat	e:

**Any Extra Information:**