

## YOUTH SCHOOL HOLIDAY PROGRAM REGISTRATION

### CHILD'S DETAILS:

Surname:			
First Name:		Known As	
Sex <i>(please tick)</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	
Date of Birth:		CRN:	
Copy of Birth Certificate: <i>(new 11 year old enrolments only)</i>			
Home Address:			
Suburb:		Postcode:	
Home Tel No.:		Child's Mobile No.:	
School:			
Cultural Background:		Aboriginal or Torres Strait Islander person	<input type="checkbox"/> Yes <input type="checkbox"/> No

### PARENT/GUARDIAN DETAILS:

Relationship to Child:	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Guardian
Are you the Parent/Guardian that receives Family Assistance Office CCB?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is your CRN number? (10-digit number assigned by FAO)			
Full Name:		Date of Birth:	
Home Address:			
Suburb:		Postcode:	
Daytime Tel No.:		Mobile No.:	
Email address:			
Which of the following applies to your family?			
<input type="checkbox"/> Two parent family, both working		<input type="checkbox"/> Single parent working	
<input type="checkbox"/> Two parent family, one parent working		<input type="checkbox"/> Single parent not working	
<input type="checkbox"/> Two parent family, neither working		Other: .....	
Where did you hear about this program? .....			
Languages spoken at home: <input type="checkbox"/> English only    Other: .....			

### EMERGENCY CONTACT DETAILS: *(other than parent/guardian)*

Full Name:	
Relationship to Child:	
Daytime Tel No.:	

