

FIRST STPS PREKINDY REGISTRATION 2025



Child's full name:	Date of birth:
Child's CRN :	
Primary Care Giver's name:	Additional Care Giver's name:
Primary Care Giver's CRN :	Additional Care Giver's CRN :
Primary Care Giver's DOB :	Additional Care Giver's DOB
Home phone:	Home phone:
Mobile phone:	Mobile phone:
Email:	Email:

Are you planning on claiming the childcare subsidy? YES / NO ---

(the Primary Care Giver listed above needs to be the person linked to the centrelink/myGov account)

All full day sessions are \$79 per day before the Child Care Subsidy is applied.

MONDAY AM <input type="checkbox"/> 9AM-12PM \$54* beforeCCS MONDAY <input type="checkbox"/> ALL DAY 9AM-2:00PM	TUESDAY <input type="checkbox"/> ALL DAY 9AM-2:00PM	WEDNESDAY AM <input type="checkbox"/> 9AM-12PM \$54*beforeCCS WEDNESDAY <input type="checkbox"/> ALL DAY 9AM-2:00PM	THURSDAY <input type="checkbox"/> ALL DAY 9AM-2:00PM	FRIDAY <input type="checkbox"/> ALL DAY 9AM-2:00PM
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This program focuses on social development and independence as well as a range of "school readiness skills" such as phonological awareness, prewriting development, and early numeracy and literacy development. In this program children will be provided with a comprehensive portfolio, transition report and certificate.

**All childcare subsidies families are enrolled into the program for 48weeks unless notified otherwise. All other families are on a term by term arrangement.*

**A minimum of 5 children will need to be enrolled in order for the class to operate*

I wish to claim the childcare subsidy. Signature of applicant: _____	I wish to be on a relevant arrangement. I understand that this means I will be I will pay a bond and set up the required direct debit account so that the account remains balanced at all times. Signature of applicant: _____
Non Refundable Deposit taken: Amount: \$50 SQ INV _____	I understand that if I am claiming the childcare subsidy that I will be charged if the class enrolled is operating in the school holidays. I understand that if the class is not operating or it is a public holiday then I will not be charged. I also understand that I am responsible for the full fees if the government does not pay the subsidy and that I will be required to have set up a direct debit account prior to my child starting. Signature of applicant: _____

- By paying the registration fee I acknowledge that I would like my child to be enrolled at First Steps PreKindy. All of the information that I have provided is accurate and First Steps PreKindy will be notified of any changes immediately.
- On acceptance of your registration if claiming the subsidy I will need to pay the refundable bond to secure my spot in the program and set up a direct debit account.
- I understand that my child will be enrolled for the full year and should I wish my child to exit earlier then I will be required to pay the fees till the end of the term they are currently booked into regardless of attendance.
- I understand that should I wish my child to exit the program I will need to give 5weeks notice by filling in a termination of enrolment agreement
- I understand that all children enrolled must have an immunisation history statement on filelu

Signature _____

Date: _____

OFFICE USE ONLY:			
<input type="checkbox"/> SQUARE INVOICE PROCESSED _____	<input type="checkbox"/> PHONE UPDATED / TEXT SENT _____	<input type="checkbox"/> EMAIL SENT _____	<input type="checkbox"/> CCS AGREEMENT _____
<input type="checkbox"/> TIMETABLE UPDATED _____	<input type="checkbox"/> XPLOR SET UP _____	<input type="checkbox"/> BIRTH CERT/ IMMUNISATION _____	