

Waiting List Form

Child's Details

Date of Application: ____/____/____

Name: _____

Date of Birth: _____ **Age:** _____

Gender : Male Female

Has your child been diagnosed as having any additional needs or medical conditions: Yes No If yes please specify: _____

Is the child at risk of harm? Y N Is the child Aboriginal/ Torres Strait Islander? Y N

Parent's Details

Parent 1 Name _____ **Parent 2 Name** _____

Address _____ **Address** _____

Phone (h) _____ **Phone (h)** _____

(w) _____ (w) _____

(mob) _____ (mob) _____

Occupation _____ **Occupation** _____

Languages Spoken _____ **Languages Spoken** _____

Email Address: _____

Priority of access guidelines

To comply with our priority of access guidelines we require the following information:

Single parent family

- Working full time
- Working Part time
- Seeking Employment
- Studying
- Not working outside home

Two parent family

Parent 1

- Working full time
- Working Part time
- Seeking Employment
- Studying
- Not working outside home

Parent 2

- Working full time
- Working Part time
- Seeking Employment
- Studying
- Not working outside home

Details of Care Required

When do you desire care to start (Month/Year): ____ / ____ / 20____ Number of days preferred for care _____

Days Preferred for care (circle below):

Are the days required flexible? Y N

Monday

Tuesday

Wednesday

Thursday

Friday

How did you find out about our centre?

Word of mouth Friend/family attends Name: _____

Local council Website Other? Details: _____

Applicants Signature: _____ **Date:** _____

PLEASE NOTE:

- There is no guarantee of placement in our centre
- Staff cannot give estimates of when a place will be offered
- Please inform us of any changes to your details so we can contact you.
- Contact is made to all waitlist applicants in approximately September for the following year's intake of children.

Office Use only:

Received: ____/____/20____

Signed: _____

Date of appointment: _____

Details of contact made: