



Family Wait List Application

Thank you for your interest in enrolling your child into our Centre.

Please complete and return this form in person or via email and your child will be placed on our waiting list.

We are an approved Child Care Service, therefore must abide by the Australian Government has 'Priority of Access Guidelines' for allocating places:

- **First Priority:** a child at risk of serious abuse or neglect.
- **Second Priority:** a child of a single parent who satisfies, or of parents who both satisfy the work/training/study test.
- **Third Priority:** any other child.

Child Information

Surname: _____ Given Name: _____

D.O.B: ___/___/___ Gender: Male Female Aboriginal or Torres Strait Islander

Child lives with: Parent/Guardian (1) Parent/Guardian (2) OR Both

Enrolling Parent/Guardian (1)

Full Name: _____

Phone: (Home) _____

Mobile: _____

Occupation _____

- Working Full time
- Working Part time
- Seeking Employment
- Studying
- Home Duties

Parent /Guardian (2)

Full Name: _____

Phone: (Home) _____

Mobile: _____

Occupation _____

- Working Full time
- Working Part time
- Seeking Employment
- Studying
- Home Duties

Email (for correspondence): _____

Care Requirements

How many days per week do you need care? _____

Days preferred (please circle): Monday Tuesday Wednesday Thursday Friday OR Any days

Please indicate when you would like to begin care: _____

Please note we are unable to guarantee a place by the requested date.

How did you hear about our Centre? _____

Applicant Signature

Date: ___/___/___

We will contact you to offer a place when one becomes available. Should you accept a place, you will need to make an appointment to come into the Centre and go through our Enrolment process.