

## Application for Waiting List

Child's Details	
<b>Child's Given Name</b> .....	<b>Child's Surname</b> .....
<b>Gender</b> .....	<b>Languages Spoken</b> .....
<b>Date of Birth</b> .....	<b>Or approximate due date</b> .....
Does your child have asthma or an allergy, and if so, please describe? .....	
Do you or your child have any allergies, health problems or disabilities? .....	
If yes, please state .....	
When would you like your child to start child care? .....	
Number of days needed ( <i>circle</i> ): 1 2 3 4 5 Any	
Days required ( <i>circle</i> ): Mon Tues Wed Thur Fri Any	
Approximate hours of care required ie. work start and finish times .....	
Parent/Guardian Details	
<b>1. Parent/Guardian Name</b> .....	<b>1. Parent/Guardian Name</b> .....
<b>Address</b> .....	<b>Address</b> .....
..... <b>Postcode</b> .....	..... <b>Postcode</b> .....
<b>Home Phone</b> .....	<b>Home Phone</b> .....
<b>Work Phone</b> .....	<b>Work Phone</b> .....
<b>Mobile</b> .....	<b>Mobile</b> .....
<b>Email</b> .....	<b>Email</b> .....
( <i>circle</i> )	( <i>circle</i> )
Working Full Time    Studying/Training	Working Full Time    Studying/Training
Working Part Time    Non Working	Working Part Time    Non Working
Seeking Employment	Seeking Employment
Occupation .....	Occupation .....

Please circle if any of the following is relevant:

- ▶ Aboriginal or Torres Strait Islander
- ▶ Family with a Non - English Speaking background
- ▶ Sole Parent
- ▶ Migrant family in Australia less than 3 years
- ▶ Jet Applicant

Are you at home with several small children? Yes or No

Any other special circumstances? .....

How did you hear about us? (*circle*)    Referral    Phone Book    Drive Past

*By completing this form your child's name goes on to a waiting list. If a vacancy occurs we will contact you by phone. If you are not offered a place during the year, you will be contacted in writing to see whether you are still interested in remaining on the waiting list. Unfortunately there is no guarantee that you will be offered a place after a certain period of time. If any of your contact details change, please advise us so we can contact you should a vacancy occur.*

**Applicant's Signature** .....

**Date** .....

Date applicant received for filing (office only) .....

**Each application MUST be accompanied by an administration fee of \$10.00 (CHEQUE/ MONEY ORDER/CASH or DIRECT DEPOSIT – BSB 062808, a/c 0090 4597 - name as reference), non refundable.**