

Waiting List Application Form

THE INFORMATION PROVIDED ON THIS FORM IS STRICTLY CONFIDENTIAL AND IS ONLY USED TO ASSIST US IN PROCESSING YOUR FORM IN ACCORDANCE WITH OUR WAITING LIST POLICY

CHILD INFORMATION

Child's Full Name: _____
Preferred Name: _____ Date of Birth: D / M / Y Gender: M F
Child's Residential Address: _____
Postcode: _____
Please specify the days you require based on our available programs:
2 days program: Thurs-Frid 3 days program: Mon-Wed 5 days program: Mon-Fri

PARENTS/GUARDIANS INFORMATION

We ask for this information in order to keep in touch with you. Please provide contact details for those who are significant caregivers in your child's life (eg. parents, spouse, partner, primary care giver)

Parent/Guardian Detail :

Surname: _____ Given Name _____
Name Preferred _____
Relationship to child: _____ Date of Birth: _____ Gender: M F
Home Phone Number: _____ Work Phone Number: _____
Mobile Phone Number: _____ Email Address: _____

INFORMATION TO ASSIST IN PROCESSING

1. What year will your child be starting primary school? _____
2. Please tick any of the following Priority of Access guidelines that apply to your situation:
 Priority 1 – a child at risk of serious abuse and neglect
 Priority 2 – a child of two parents or a single parent family working/training/studying
 Priority 3 – any other child (includes any parent at home/ Home duties)
3. Please tick any of the following that also apply to your family:
 Aboriginal and Torres Strait Islander family
 Single parent family
 Families that include a disabled person
 Family with culturally and linguistically diverse background

Parent Name: _____

Signature _____ Date _____