

WAITING LIST

Child's Name: _____

Date of Birth: _____

Date of Application: _____

Date when care is required: _____

Parent/Guardian 1	
Name: _____	
Address: _____	
DOB: _____	CRN: _____
Home Ph: _____	
Work Ph: _____	
Mobile: _____	
Occupation: _____	
Country of Birth: _____	
Days worked per week: _____	
Work Details – Please circle appropriate	
Work -	Full Time Part Time Casual
	Parental/Maternity Leave
Studying -	Full Time Part time

Parent/Guardian 2	
Name: _____	
Address: _____	
DOB: _____	CRN: _____
Home Ph: _____	
Work Ph: _____	
Mobile: _____	
Occupation: _____	
Country of Birth: _____	
Days worked per week: _____	
Work Details – Please circle appropriate	
Work -	Full Time Part Time Casual
	Parental/Maternity Leave
Studying -	Full Time Part time

Days that care is required: Please circle)				
Monday	Tuesday	Wednesday	Thursday	Friday
Are you flexible with the days your child is able to attend?			Yes	No
When is this position required?			Month:	Year

Priority of access guidelines for centre based long day care service set by Commonwealth Government 2000

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

To allow us to determine your child(ren)s priority position on our waitlist, please tick the following categories if they apply to your child:

- Children in Aboriginal and Torres Strait Islander families;
- Children in families and which include a family member who requires additional support;
- Children in families on lower incomes;
- Children in families with a non-English speaking background;
- Children in socially isolated families;
- Children of single parents.

Within these guidelines, families who have present/past children at this Centre have priority of access.

I acknowledge that all information supplied on this form is correct at time of signing.

Signed: _____ Date: _____

Office use only:

Date entered into system: _____

Parent contact to confirm details: _____

Date: _____ Date: _____ Date: _____ Date: _____

Date Position was offered: _____ Room: _____

Acceptance: Yes No Start Date: _____

Sourced: Qld Child Care Regulations 2003 and Qld Child Care Act 2002, Code of Ethics – Early Childhood Australia