



Waiting List Application Form

**This form must be completed by a parent or a guardian who has lawful authority in relation to the child.
Please answer all questions to assist us in helping you gain government funding.**

Care requirements

When would you prefer care to start ____/____/____

Are you interested in casual care whilst waiting for a permanent position? Yes / NO

(Please complete times in days that care is required).

Hours	Monday	Tuesday	Wednesday	Thursday	Friday
e.g. 9:00am to 5:00pm					

Child's Information

Child's first name:		Family name:	
Date of birth (or Due Date):		Place of birth:	
Sex of child: Male <input type="checkbox"/> Female <input type="checkbox"/>		Child's CRN:	
Home address:			
What language will your child speak?		Are any languages other than English spoken at home? YES / NO If yes, please specify language:	
Religion:		Cultural Background:	
Is your child from Aboriginal <input type="checkbox"/> or Torres Strait Island <input type="checkbox"/> background or Neither <input type="checkbox"/>			
Does your child have any siblings?			
Name:		Date of birth:	Sex:
Name:		Date of birth:	Sex:
Name:		Date of birth:	Sex:
Name:		Date of birth:	Sex:
Court Orders			
Are there any court orders affecting the access and contact of your child?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes you will need to show evidence of these orders **DOCUMENTS REQUIRED**			



Parent or Guardian Information	
Mother	Father
First name:	First name:
Surname:	Surname:
Date of birth:	Date of birth:
Address: (if different from the enrolled child).	Address: (if different from the enrolled child).
Centrelink Customer reference number CRN	Centrelink Customer reference number CRN
Cultural Background:	Cultural Background:
Are you of Aboriginal <input type="checkbox"/> or Torres Strait Island <input type="checkbox"/> background	Are you of Aboriginal <input type="checkbox"/> or Torres Strait Island <input type="checkbox"/> background
Work details	Work details
Occupation:	Occupation:
Place of employment:	Place of employment:
Work Address:	Work Address:
Occupation:	Occupation:
Employment status: Self employed <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/> Unemployed <input type="checkbox"/>	Employment status: Self employed <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/> Unemployed <input type="checkbox"/>
Studying: YES <input type="checkbox"/> NO <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/>	Studying: YES <input type="checkbox"/> NO <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/>
Contact details	Contact details
Home phone:	Home phone:
Mobile phone:	Mobile phone:
Work phone:	Work phone:
Email:	Email:
Preferred method of contact (please circle): Home Phone / Mobile / Work / Email	Preferred method of contact: Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/>
How did you hear about us? (please circle) Friend / Family / Facebook / Radio / Newspaper / Other: _____	
Office Use	
Date Received:	Confirmation Sent: Emailed / Mailed Date:
Room required: Babies / Older Babies / Toddlers / Preschool	

Please note an enrolment form will need to be completed once a position becomes available for your child.

