

WAITING LIST

Child's first name: _____ Child's Surname _____
 D.O.B. _____ Age: _____ Sex _____
 Home Address _____ Post Code _____
 Family Email Address _____

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|-------------------------------|
| <u>Mothers Details</u> |
| Name _____ |
| Mobile _____ |
| Days and hours of work: _____ |
| Work Phone _____ |

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|-------------------------------|
| <u>Fathers Details</u> |
| Name _____ |
| Mobile _____ |
| Days and hours of work: _____ |
| Work Phone _____ |

In order for us to comply with the guidelines determined by the Office of Child Care and to ensure priority of children's enrolment on a needs basis, you are requested to supply the following information

- Does your child have an Aboriginal or Torres Strait Islander background? yes or no
- Are you from a culturally and linguistically diverse background? yes or no
- Do you have a health care card for low income? yes or no
- Do you live in a socially isolated situation? yes or no
- Does your child live with a single parent/guardian? yes or no
- Do you or your child have any additional needs (if YES please attach a letter from a Health Professional) YES OR NO

PRIORITY OF ACCESS STATUS; please tick one of the following to indicate your circumstances.

Two Parent family

One Parent family

| | |
|--|----------------------------------|
| 2 parents working or studying | parent working |
| 1 parent working & 1 studying | registered as seeking employment |
| 1 parent working & 1 seeking employment | parent on home duties |
| 2 parents registered as seeking employment | parent studying |
| 1 parent working & 1 parent home duties | |
| 2 parents on home duties | |
| 1 parent registered as seeking employment & 1 parent home duties | |
| Other (please explain) | Other (please explain) |

Days of care are allocated according to families' needs, availability of care and the date of the application.

How many days a week you need care for your child? (please circle) 1 2 3 4 5
 Days that you need care (please circle) MON TUES WED THURS FRI or ANY
 What date you would like to begin care _____

If you need more than one day of care are you prepared to start care one day at a time? YES or NO

OR

If your child already attends at Kindilan, how many EXTRA days a week do you need care?
 Days that you need care (please circle) MON TUES WED THURS FRI or ANY
 What date you would like to begin care _____

Do you have other children on our waiting list? Yes or No
 If yes please write their names and ages _____

Parents Signature..... Date.....

Office use only _____

Waiting List Form

Please read this first and then fill out all sections on form.

The waiting list will only be accepted when all the required documentation is attached and the form is completed.

To meet the priority of access guidelines for child care you will need to attach proof of

- employment,
- seeking employment
- studying, disability

Examples of these documents are;

- A letter from your employer
- Your latest pay slip with the \$ amount blacked out
- A letter from your accountant
- Enrolment form from your institution of study
- A job seekers registration number
- A letter from your Doctor or Health Professional
- Your Health Care Card

*We also require a photo copy of your child's birth certificate.

If you have any queries regarding this waiting list form,
please contact Kindilan's office on 6555 4133.