

Application For Waiting List (one child per form)

Child's Full Name.....
Sex: Male /Female/ Unknown **Date of Birth /Expected Due Date**.../.../...
Mother's full name
D.O.B/...../..... Occupation
Home Phone Mobile.....
Work No Email.....
Father's Full Name.....
D.O.B...../...../..... Occupation
Home Phone Mobile.....
Work No..... Email.....

Days of Attendance Required:

Casual Care / Part time / Full time / Anything Available
(Casual –some one calls in sick OR is on holidays)

If not full time, please indicate days below:
Mondays Tuesday Wednesday Thursday Friday Any Days
From what date are you available to start care:.....
Are you 1 parent / 2 parent family working /Non Working / looking for work

Comments.....
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.....
.....
.....

Charges

Bond 2 weeks of normal fees, payable at enrolment, Enrolment Fee \$30 per child per year Equipment levy: \$30 per child per term: Maintenance Levy \$30 per child per term.

Fees and priority of access.

Daily Rate of \$100.00 per day for LDC and & \$95.00 per day for Kindergarten Program. Prices given are current at the time of application and may change at any time. By filling out this form, your child's name is placed on our waiting list. If you are not offered a place during the year, contact us in the first week of December each year to let us know you are still interested in a position. **If you do not notify the centre by this date your application will be removed from our waiting list.** Unfortunately, there is no guarantee that you will be offered a place as our waiting lists for all ages groups are very long. The centre gives priority of placement to children in the following order staff, sibling and working parents. Please advise us of any changes in circumstances, including contact details as this could save any future inconvenience or misunderstanding. If the Centre has tried to make contact more than three times without a response within a two week period your application will be removed from the waiting list. The centre does not give the parent a specific time on how long they will be waiting for a position.

Date received:...../...../.....

Applicants signature

OFFICE USE ONLY

GROUP.....

Parent made contact to continue care. Yes No Year.....

Yes No Year.....

Yes No Year.....