WAITING LIST FORM

Date: ____/____/____

Child's Name: _____ D.O.B: ____/____/____

Address: _____ P.C. _____

Child's CRN: _____

Mother's Name: _____ Father's Name: _____

Address: _____ _____
(**IF DIFFERENT FROM ABOVE**) (**IF DIFFERENT FROM ABOVE**)

D.O.B: _____ _____

CRN #'s: _____ _____

Telephone: (home) _____ _____

Telephone: (mobile) _____ _____

Telephone: (work) _____ _____

Place of Work: _____ _____

Occupation: _____ _____

Number of Days Care required per Week: 1 2 3 4 5
(PLEASE CIRCLE APPROPRIATE NUMBER OF DAYS)

Actual Days Required: M T W TH FRI

If you require less thank 5 days per week are you prepared to accept any days that are allocated?
_____ Yes, I would be happy with whatever days are available.
_____ No, I specifically require the days circled above.

STARTING DATE REQUIRED: _____/_____/_____ OR ASAP
(Please insert approximate start date)

PRIORITY OF ACCESS: THESE ANSWERS WILL DETERMINE YOUR PRIORITY RATING.

PRIORITY 1.
A Child at risk of serious abuse or neglect. YES NO

PRIORITY 2.
If you answer yes to any of the following you could be required to provide proof under section 14 of the Family Assistance Act.

Are you a single parent who is working? YES NO
Are you a family with both parents working? YES NO
Are you studying for future employment? YES NO
Are you seeking employment or training? YES NO

PRIORITY 3.
ANY OTHER CHILD? YES NO

Does your child have additional needs? If yes, please specify:_____

I understand the Priority of Access conditions outlined and agree to notify the centre should my circumstances change.

Email address: _____

Relationship to child: _____ Signature: _____

Registration/Waitlist fee: $55.

A fee of $55.00 is applicable to waitlist your child at Warriewood Child Care. This is a non-refundable fee if placement is offered.

N.B:This fee is only refundable if we are unable to offer placement.