



Please Return Completed Form
 to the Centre Via Email or
 Post

Application for waiting list:

	Parent one	Parent two/other
First Name:	_____	_____
Last Name:	_____	_____
Home Address:	_____	_____
Home Phone	_____	_____
Work Phone	_____	_____
Mobile Phone	_____	_____
Email	_____	_____

Child's information:

Given Names: _____ Last Name: _____
 Date of birth: _____ Place of Birth: _____ Sex: M/F _____
 Date Contacted (today) _____ Date to Start: _____
 Ethnicity: _____ Languages Spoken: _____ Religion: _____

Days Req'd (circle):

MON TUE WED THUR FRI ANY: 1 / 2 / 3 / 4

Priority of access: (please circle priority)*

The centre must comply with enrolment priority and access guidelines set by FAO

1. A child at risk of serious abuse or neglect
2. A child of a single parent who satisfies, or of two parents who both satisfy the work/training/study test under Section 14 of the A New Tax System (Family Assistance) Act 1999.
3. Any other child

* Within each category, the following children are to be given priority:

- Children in Aboriginal and Torres Strait Islander families
- Children in families which include a disabled person
- Children in families which include an individual whose adjusted taxable income does not exceed the lower income threshold, or who or whose partner are on income support.
- Children in families with a non-English speaking background
- Children in socially isolated families
- Children of single parents

Special needs/ Medical conditions (Including Intolerances & Allergies): Our centre is committed to providing quality education and care for all children including those with special needs or medical conditions. If your child has a special need or a medical condition, please give details:

Sign: _____ Date: _____

(office use only)					
Days Given:	MON	TUE	WED	THUR	FRI
Priority Given:	1 / 2 / 3		Room:	_____	