



# Waiting List Application

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

- 5 days                       2 days  
 4 days                       1 day  
 3 days

Days of the week preferred: \_\_\_\_\_

When would you like attendance to commence: \_\_\_\_/\_\_\_\_/\_\_\_\_.

Parent One

Parent Two

Name		Name	
Address		Address	
Postcode		Postcode	
Email		Email	
Phone (m)		Phone (m)	
Phone (w)		Phone (w)	
Phone (h)		Phone (h)	
Occupation		Occupation	
Languages Spoken		Languages Spoken	

In order to comply with the guidelines determined by the Department of Families and Communities and to ensure priority of enrolment on a needs basis, you are requested to complete all boxes.

The centre must comply with enrolment priority and access guidelines set by Family Assistance Office.

1. A child at risk of serious abuse or neglected.
2. Single parent working or studying or both parents working or studying
3. Any other child; within each category the following are given priority:
  - a. Children in Aboriginal or Torres Strait Islander families
  - b. Children in families which include a disabled person
  - c. Children in families of lower income
  - d. Children in families with a non-english speaking background
  - e. Children in socially isolated families
  - f. Children of single parents

Please tick relevant information:

- |  |   |
|--|---|
| <input type="checkbox"/> Two parent families                             | <input type="checkbox"/> Single parent families             |
| <input type="checkbox"/> Parent One working full time                    | <input type="checkbox"/> Parent Two working full time       |
| <input type="checkbox"/> Parent One working part time                    | <input type="checkbox"/> Parent Two working part time       |
| <input type="checkbox"/> Parent One seeking employment                   | <input type="checkbox"/> Parent Two seeking employment      |
| <input type="checkbox"/> Parent One – full time home duties              | <input type="checkbox"/> Parent Two – full time home duties |
| <input type="checkbox"/> Parent One studying                             | <input type="checkbox"/> Parent Two studying                |
| <input type="checkbox"/> Is the child at risk?                           | <input type="checkbox"/> Parent One or Two are disabled     |
| <input type="checkbox"/> Family is Aboriginal or Torres Strait Islanders |   |
| <input type="checkbox"/> Family has a non-english speaking background    |   |

Do you or your child have any health problems or disabilities?  Yes  No

Details: \_\_\_\_\_

Are you at home with several younger children?  Yes  No

Details: \_\_\_\_\_

Are there any other special circumstances?  Yes  No

Details: \_\_\_\_\_

You may be eligible for Commonwealth Child Care Assistance if your income is under the limit set down by the Federal Government. Applications for Commonwealth Child Care Assistance must be made on the appropriate form and taken by you personally to the Office of Centrelink. Call 136 150 for more information.

By filling in this form, your child's name goes onto a waiting list. There is no guarantee of placement in this centre.

Upon acceptance of a position in the centre, a booking deposit of two weeks fees will be paid to secure the position. This booking deposit will be refunded at the end of the child's attendance at the Centre providing all outstanding fees have been paid.

Jasmine Preschool accepts no responsibility for any misrepresentation of the legal relationship of the above signed to the child stated.

I hereby certify that the details provided in this form are true and accurate.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

What is it that attracted you to Jasmine Preschool?

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