

WAITING LIST FORM



Date: ___/___/___

Childs Details

Given Name:..... Last Name:.....

Sex: M F D.O.B: .../.../.... Age:..... Language Spoken:

Address: P.C.

Date to start:/...../..... or ASAP

Family Reference Number:

Actual Days & Times Required

Times	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Departure Time					

If you require less than 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 indicated above

Parent Details

1. Parent / Guardian Details

2. Parent / Guardian Details

Title/ First name:..... Title/ First name:.....

Last Name: Last Name:.....

Other Name: Other Name:.....

Home Address: Home Address:.....

.....

Home Ph: Home Ph:.....

Mobile: Mobile:

Language spoken: Language spoken:.....

Place of work: Place of work:

Occupation: Occupation:

Work Address : Work Address:.....

.....

Work Phone: Work Phone:.....

DOB:/...../..... DOB:/...../.....

Licence number: Licence number:

Relationship to the child: Relationship to the child:.....

(eg Mother/Father/Guardian)

(eg Mother/Father/Guardian)



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.

Please tick how you have heard about our learning centre;

Internet Through a friend Driving past Other

Relationship to child..... Signature:

<p>Office Use Only</p> <p>Priority Access Guidelines:</p> <p>Entered on Waiting List:/...../..... Offered Place:/...../..... Place Accepted:/...../..... Starting Date:/...../.....</p>
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