

WAITING LIST APPLICATION



CHILD'S DETAILS

tell us a bit about your little one

Surname: _____ First Name: _____

Date of Birth: _____ or expected due date: _____ Male Female

Languages Spoken: _____

Are your child's immunisations up to date, or planned to be up to date? Yes No



PARENTS' DETAILS

let's get to know you a bit better

Parent One

Name: _____

Address: _____

Postcode: _____

Languages Spoken: _____

Home phone: _____

Work phone: _____

Mobile phone: _____

Email: _____

Occupation: _____

Parent Two

Name: _____

Address: _____

Postcode: _____

Languages Spoken: _____

Home phone: _____

Work phone: _____

Mobile phone: _____

Email: _____

Occupation: _____



CHILD CARE NEEDS

tell us about your child care needs

All days required must run consecutively and include either Monday or Friday.

Number of days required? 2 3 4 5

Are you flexible regarding which days these are? YES NO

Which days must you have? Mon Tue Wed Thu Fri

When do you require care to commence? _____

We'd like to know how you found out about our service. Tick the appropriate circle(s).

From friends our sign mailbox yellow pages/phone book

council Internet another child care centre other _____



EXTRA INFORMATION just a few more details

In order to comply with the guidelines determined by the Australian Government and to ensure priority of enrolment on a needs basis, you are requested to supply the following information.

Are you

a two parent family or a single parent family ?

Are you

working? yes no

↳ full time or partime

seeking employment? yes no

studying? yes no

↳ full time or partime

at home with children under the age of 5?

↳ how many? _____

If you're a two parent family, is your partner

working? yes no

↳ full time or partime

seeking employment? yes no

studying? yes no

↳ full time or partime

at home with children under the age of 5?

↳ how many? _____

Do you or your child

have any health problems or disabilities?

yes no

If yes, please describe: _____

Is the child at risk? yes no

Are there any other special circumstances? yes no

If yes, please describe: _____

Do you have an Aboriginal or Torres Strait
Islander background? yes no



ADMINISTRATION FEE nearly there

We require \$40 (per family) administration fee (includes GST) Fee can be paid via bank transfer to: **BSB 082-057** Account number **509422679**
Use surname as reference.



SIGN HERE and you're done

Applicant's signature

Date

When the Centre receives this completed form and the \$40 administration fee, your child's name will be placed on the waiting list. Your position on the list is linked to three issues: child's age, date the application is received at the Centre and priority of access which is determined by the information above. We will phone you if a place becomes available but there is no guarantee of placement in the Centre. We appreciate this is difficult but we fill vacancies as they come up. Once we are fully booked, no new enrolments can be made until a child leaves the Centre or reduces days.

It is the family's responsibility to inform the Centre of any changes to your details, especially telephone numbers. Email us on camperdown.cc@gmail.com to make any changes to your application. Having the correct information helps us to help you and your family with your child care needs. It is Centre policy that children must be up to date with their immunisation program as outlined by NSW Health Department.