

Waiting List Application

Office Use Only: \$35.00 (Non-Refundable) Paid: YES NO Receipt No. _____

CHILD'S NAME	GENDER	DATE OF BIRTH

Child's Country of birth: _____ Language spoken at home _____

Is your child from Aboriginal or Torres Strait Islander origin? **YES** **NO**

CHILD SPECIFIC INFORMATION			
Does your child have a diagnosed disability or additional need	YES	NO	Please select below
<input type="checkbox"/> Asthma	<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> Food Allergy	
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Behavioural Concerns	
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Epilepsy	
<input type="checkbox"/> Other			
Please give details _____			
Do you have any concerns about your child's development? YES NO if yes, please give details _____			
Does your child currently receive any type of therapy or support? YES NO if yes, please give details _____			

ENROLMENT PREFERENCES

How many days would you like your child to attend		Are you flexible with days	YES	NO
Date from when enrolment is required:				
PREFERRED DAYS OF ENROLMENT				
Monday	Tuesday	Wednesday	Thursday	Friday

PLEASE INDICATE YOUR CHOSEN CENTRE

- Punchbowl Children's Centre
- Lakemba Children's Centre
- Earwood Children's Centre
- Hurlstone Park Children's Centre

PARENT INFORMATION

PARENT 1	Mother	Father	PARENT 2	Mother	Father
Name			Name		
Date of Birth			Date of Birth		
Address			Address		
Home Phone No.			Home Phone No.		
Mobile No.			Mobile No.		
Work Phone No.			Work Phone No.		
Email			Email		
<input type="checkbox"/> Working <input type="checkbox"/> Unemployed <input type="checkbox"/> Studying <input type="checkbox"/> Home Duties <input type="checkbox"/> Parental Leave			<input type="checkbox"/> Working <input type="checkbox"/> Unemployed <input type="checkbox"/> Studying <input type="checkbox"/> Home Duties <input type="checkbox"/> Parental Leave		

PRIORITY OF ACCESS GUIDELINES

There are no longer mandatory requirements for filling vacancies and providers can set their own policies for providing a place (as of 2 July 2018). However the Department of Education and Training encourages providers, as vacancies occur, to consider prioritising:

- a child at risk of serious abuse or neglect
- a child of a sole parent who satisfies, or parents who both satisfy the activity test through paid employment

We will also give an additional priority to the following children:

- children in Aboriginal and Torres Strait Islander families
- children with a disability or in families which include another person with a disability
- children in families from a non-English speaking background
- children in socially isolated families
- children of Council employees
- children aged 4, in the last year prior to school

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| <input type="checkbox"/> I understand that submitting the waitlist form does not guarantee that my child will be offered a position on my requested start date.
<input type="checkbox"/> I understand that I will be notified once a position that suits my request becomes available.
<input type="checkbox"/> I understand that I will contact the Children's Services Administration on 9789 9860 to pay the \$35.00 Registration fees
<input type="checkbox"/> I understand that I can contact Children's Services Administration on cs@cbc-city.nsw.gov.au at any time for an update on my child's position on the waitlist. |
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Parent Signature
Date of application
Privacy Statement

In submitting this form, you consent to Council:

1. collecting your personal information as contained in the form; and
2. using the information for the purposes outlined in the form.

Providing your information is voluntary. Should you choose not to provide the information, Council is unable to process your application/request. You may access any of your personal information that Council holds upon request.