

Waiting List Application

CHILD'S DETAILS					
Child's first name:		Family name:			
Nick names or former names:		CRN:		Number of hours used in this centre:	
Address:			Home Phone:		
Suburb:		State:		Postcode:	
Date of Birth:		Place of birth:		Sex: Male / Female	
Family Circumstances: Legal Guardian: Please state if child is living with mum/dad/both parents/ grandparents/foster care					
Cultural Background:			Religion:		
Language spoken at home:			Any cultural events you normally celebrate:		
Any other special requirements relating to child's culture:					
Care Required:					
Start Date:					
	Mon	Tue	Wed	Thurs	Fri
Arrival Time					
Departure time					
OTHER SIBILINGS: Are there any other children attending approved child care Yes / No if yes					
Child's Name:			DOB:		Child's Name:
					DOB:
Prohibited persons: (List any names of people who are not allowed to have access to your child stated in a court order. A copy of the court order MUST be provided)					

PARENT/ LEGAL GUARDIAN DETAILS

Information required for families to claim child care benefit

Please Circle	MOTHER / GUARDIAN	FATHER / GUARDIAN
Full Name		
Maiden name/ other names:		
DOB		
Marital Status	Single Married Separated Divorced Widowed De Facto	Single Married Separated Divorced Widowed De Facto
Work Status	Working Seeking Work Studying Unemployed Maternity Leave	Working Seeking Work Studying Unemployed Maternity Leave
CRN (Only person claiming CCB to complete CRN number)		
Home address		
Home phone		
Mobile number		
Cultural background		
Language spoken		
Occupation		
Work name		
Work address		
Work phone		
Hours of Work	Start Finish	Start Finish
Preferred email		

Does your child have any special medical conditions, disabilities, special needs **Yes / No**

(asthma, allergies, delays or suspected developmental concerns)

If ongoing medical treatment is required at the centre, you must provide written treatment plans from a medical practitioner

HOW DID YOU HEAR ABOUT US?

Internet Search	DOC's Website	Newspaper Advertisement
Friend/ Family recommendation	Letterbox Advertising	Other: Please state

OFFICE USE ONLY

Returned date:		Commencement date:		Entered date:	
Bond Paid:		Fees paid:		Admin paid:	
Immunisation copy received: Y / N		Birth Certificate copy received? Y/N		Court Order copy received: Y / N / NA	
Days attending:	Mon	Tues	Wed	Thurs	Fri
Child's Room:			Copy of routine received: (Nursery Room ONLY)		
			Y / N		
Photo of child received: Y /N		Staff Name:		Signature:	
Evidence of Priority:			Category:		