

## WAITING LIST

Child's Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male  Female

Date of Parent and Child tour of Centre: \_\_\_\_\_

Child's position in Family: \_\_\_\_\_

Parent/Guardian 1	
Name:	_____
Address:	_____ _____
DOB:	_____
Home Ph:	_____ Work Ph: _____
Mobile:	_____
Email:	_____
Occupation:	_____
Country of Birth:	_____
Days worked per week:	_____
Employment Details:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Parental/Maternity Leave <input type="checkbox"/> Casual <input type="checkbox"/>
Study:	Full Time <input type="checkbox"/> Part time <input type="checkbox"/>
<b>(Please note this information will be used as the main contact.)</b>	

Parent/Guardian 2	
Name:	_____
Address:	_____ _____
DOB:	_____
Home Ph:	_____ Work Ph: _____
Mobile:	_____
Email:	_____
Occupation:	_____
Country of Birth:	_____
Days worked per week:	_____
Employment Details:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Parental/Maternity Leave <input type="checkbox"/> Casual <input type="checkbox"/>
Study:	Full Time <input type="checkbox"/> Part time <input type="checkbox"/>

Days care is required:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<b>Note:</b> Minimum two (2) days attendance per week.					
Are you flexible with the days your child is able to attend?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
When is this position required?	Month: _____	Year: _____			

Is English your child's first language?  Yes  No  
If not, principal language spoken: \_\_\_\_\_

Is your child immunised?  Yes  No

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

**NOTE:** Acceptance OR refusal of Non-immunised children will be assessed by the Nominated Supervisor for the Service.

Special Considerations ie: allergies, medical, dietary, behavioural, diagnosis, and / or other conditions.

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

**References:** Attendance at other child care services / Family Day Care:  Yes  No

Details of Service / Contacts: \_\_\_\_\_

## Storytime Childcare and Montessori Early Learning – Tingalpa

### Priority of access guidelines for centre based long day care service set by Commonwealth Government

First Priority: A child at risk of serious abuse or neglect.

Second Priority: A child of a single parent who satisfies, or parents who both satisfy the work/training/study category

Third Priority: Any other child

To allow us to determine your child(ren)s priority position on our Waitlist, please tick the following categories if they apply to your child:

- Children in Aboriginal and Torres Strait Islander families;
- Children in families and which include a family member who requires additional support;
- Children in families on lower incomes;
- Children in families with a non-English speaking background;
- Children in socially isolated families;
- Children of single parents.

Within these guidelines, families who have present/past children at this Centre have priority of access.

I acknowledge that all information supplied on this form is correct at the time of signing.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Carer Name: \_\_\_\_\_

## HOURS OF OPERATION

1. Storytime Childcare	2. Montessori Early Learning - Tingalpa
<b>Operating Hours</b>	<b>Operating Hours for Children in 3 to 6 years Program</b>
6:45am to 5.45pm	8:00am to 5:00pm

- Our Centre is open Monday to Friday.
- Our Centre is closed for gazetted Public Holidays.
- Our Daily Fee as at 27 January 2018 is \$97.

### OFFICE USE ONLY:

Date entered into system: \_\_\_\_\_

Date Position was offered: \_\_\_\_\_

Classroom: \_\_\_\_\_

Acceptance by Parent:  Yes  No

Date accepted by parent: \_\_\_\_\_

Start Date: \_\_\_\_\_