



## WAITING LIST (CONFIDENTIAL)

How did you hear about us? <small>(Tick one of the boxes below)</small>				
Family	Friends	School	Internet	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHILD'S DETAILS			
Surname:		DOB:	/ /
Given Name/s:			
Gender:		Required Start Date:	/ /

<b>Does your child have a diagnosed need or disability?</b> <small>(Circle one)</small>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Details:</b>		
<b>Does your child have a sibling who is currently enrolled in Early Explorers Learning Centre?</b> <small>(Circle one)</small>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Sibling Name:</b>		
<b>Do you have another child being cared for by a different service?</b> <small>(Circle one)</small>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

DAYS OF CARE				
<small>(Please tick the days you require in the boxes below)</small>				
Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



PARENT/GUARDIAN DETAILS			
PARENT ONE			
Given Name/s:			
Surname:			
Relationship to child:			
Address Line 1:			
Address Line 2:		Post Code:	
Phone:	(H)		(W)
Email:			

PARENT/GUARDIAN DETAILS			
PARENT TWO			
Given Name/s:			
Surname:			
Relationship to child:			
Address Line 1:			
Address Line 2:		Post Code:	
Phone:	(H)		(W)
Email:			





REASON FOR CARE				
(Please tick one of the boxes below)				
Child at Risk	Work/Study	Disability	Respite	Social
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PRIORITY OF ACCESS GUIDELINES FOR CENTRE BASED LONG DAY CARE SERVICE SET BY COMMONWEALTH GOVERNMENT 2000.**

**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 test under section 14 of the Family Assistance Act.

**THIRD PRIORITY:** Any other child.

Within these main categories, priority should also be given to children listed below. 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. If you require an explanation of any of the categories below, please call the centre.

- Children in Aboriginal and Torres Strait Islander families
- Children in families which include a disabled person
- Children in families on low income (Health Care Card to be sighted)
- Children in families with a non-English speaking background
- Children in socially isolated families
- Children of single parents

*Please note that once a position becomes available for your child, you will be required to secure the position with an Administration fee and a Bond, along with the enrolment forms and completion of the Centre's enrolment process. During this time, the orientation process will occur and families will receive the Centre's Family Handbook and other relevant documentation.*

