

Office use only

Date Application Received: _____ Priority: _____ Booking Fee: _____ Room: _____

Additional Information: _____

Enrolment details

A parent or guardian who has lawful authority in relation to the child must complete this form. The Licensed Childrens Services must collect the child's enrolment information in this form as required by the "Childrens Services Regulations 1998" (Vic Regs)

Child's details

Family Name: _____ Date of Birth: _____ Gender: M / F (please tick)

Given Names: _____ Current Age: _____

Home Address: _____

Parent / guardian details

Mother / **Guardian** (please tick)

Name: _____

Address: _____

Telephone (H) : _____

Telephone (W): _____

Telephone (M): _____

Email Address: _____

Father / **Guardian** (please tick)

Name: _____

Address: _____

Telephone (H) : _____

Telephone (W): _____

Telephone (M): _____

Email Address: _____

Childcare requirements

Required Commencement Date: _____

Monday Approx Times: _____

Tuesday Approx Times: _____

Wednesday Approx Times: _____

Thursday Approx Times: _____

Friday Approx Times: _____

Are you prepared to accept days other than those indicated above if available? Y / N (please tick)

Employment / current status

Are you currently

Working Seeking work Unemployed Studying Parenting Other

Occupation:

Days and hours at work: (if applicable)

Employer's Name:

Employer's Address:

Telephone (W):

Work Email Address:

Priority of access assessment

In accordance with the Australian government Priority of Access Guidelines, the centre gives priority to placing children as follows:

- Priority 1 - a child at risk of serious illness or neglect
- Priority 2 - a child of a single parent who satisfies, or of both parents who both satisfy, the work/training/study test under section 14 of A New Tax System (Family Assistance) Act 1999
- Priority 3 - any other child

Is your child of Aboriginal or Torres Strait Islander descent: No Yes (please tick)

Are you a single parent: No Yes (please tick)

Does your child have a diagnosed disability: No Yes (please tick)

Is English your first language: No Yes (please tick)

Does your child have any siblings: No Yes (please tick)

Is your child currently enrolled at another service: No Yes (please tick)

Are you a current health care card holder: No Yes (please tick)

Terms and conditions

- This application will place your child's name on the waiting list but does not guarantee a position.
- You cannot place your child on the waiting list before they are born.
- You are advised to contact the centre in the event of any changes to the information provided
- We advise that you keep a copy of your waiting list application
- Positions will be filled from our waiting list and placements will be offered in accordance with date of application, age restrictions and priority of access requirements.
- Positions will become available randomly throughout the year however the majority of positions are offered between October and December for commencement in the New Year.
- You will ONLY be contacted in the event that a position becomes available at the centre.
- If you are offered a position, you are given a maximum of two (2) working days to secure the position by payment of a \$100.00 bond. The centre retains \$20 of the bond for enrolment costs, the remaining bond of \$80 is refundable in the event that;
 1. Your child leaves care; and
 2. Two weeks notice has been provided; and
 3. Your child attends care for the two weeks in which notice is given; and
 4. All childcare fees are up to date on your child's last day of care

In the event that your child does not commence care, or the above mentioned requirements are not met, the bond is not refundable.