



## Waiting List Application Form

(For the waiting list to be accepted a fee of **\$20 Non-Refundable** is to be paid with the waiting list application form to the following account      Account Name: Carlingford Kindergarten BSB 484 799 Account No: 204 220 331)

In order for Carlingford Kindergarten to meet the requirements of the Dept of Family & Community Services (DFaCS) relating to the Child Care Benefit (CCB), we are required to ask you for certain information about your child and your family. The information requested in this form will be kept private, and is only used to prioritise those on the waiting list according to the CCB regulations.

### Child's Details

Surname:	First Name:
Date of Birth: _ _ / _ _ / _ _ _ _	Gender: <input type="radio"/> Male <input type="radio"/> Female
Nationality:	Languages Spoken:
Home address:	
Has your child attended a childcare service before? If yes, where? <input type="radio"/> Yes <input type="radio"/> No	
Anticipate year of school entry:	Name of School:

### Day Preferences

How many days do you require for your child to attend? <i>(We accept children to our service for a minimum of 2 days per week and Monday or Friday are mandatory.)</i> <input type="radio"/> 2 days <input type="radio"/> 3 days <input type="radio"/> 4 days <input type="radio"/> 5 days	Start date required:
Please indicate which days your child is <u>available</u> to attend? <i>Monday or Friday are mandatory.</i> <input type="radio"/> Monday <input type="radio"/> Tuesday <input type="radio"/> Wednesday <input type="radio"/> Thursday <input type="radio"/> Friday	
Please indicate your <u>first preference</u> of days for your child to attend. <i>Monday or Friday are mandatory.</i> <input type="radio"/> Monday <input type="radio"/> Tuesday <input type="radio"/> Wednesday <input type="radio"/> Thursday <input type="radio"/> Friday	

### Considerations of the Child

**Additional Needs:**  
 Carlingford Kindergarten is committed to providing quality childcare for all children including those with additional needs, allergies and health problems or any other special requirements. Does your child have any additional needs, or are there any other details relevant to your circumstances?  
 Yes     No    If yes, please provide details:

**Specialist:**  
 Is your child seeing any specialist agencies? (E.g. Speech/ Occupational therapists, Dietician)  
 Yes     No    If yes, please provide details:

**Immunisation:**  
 Is your child's immunisation status up to date?     Yes     No  
 If no, do you have an approved exemption?     Yes     No  
*Please note; Carlingford Kindergarten does not enrol unimmunised children. This is to ensure the health and safety of all the children, families and staff. We will however accept children who can't be immunised for medical reasons or who are on a catch up immunisation schedule. Each case will be reviewed individually and enrolment acceptance will be at the discretion of our service.*  
 Children's immunisation needs to be up-to-date, as most of the immunisations on the National Immunisation Program Schedule are linked to family assistance payments.

### Priority of Access

Carlingford Kindergarten complies with the Priority of Access Guidelines set by the Family Assistance Office.

Does your child, or any of your child's siblings currently attend Carlingford Kindergarten?  Yes  No

Have any of your child's siblings attended Carlingford Kindergarten in the past?  Yes  No

Please tick your child's priority of access.

- 1. A child at risk of serious abuse or neglect.
- 2. A child of a parent or parents who pass the work/ training/ study test set by the Family Assistance Office.
- 3. Current siblings attending or past siblings.
- 4. Any other child.

Parent Details – Parent 1	Parent Details – Parent 2
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<b>Surname:</b>	<b>Surname:</b>
<b>First Name:</b>	<b>First Name:</b>
<b>Relationship to Child:</b>	<b>Relationship to Child:</b>
<b>Address:</b>	<b>Address:</b>
<b>Contact numbers:</b>	<b>Contact numbers:</b>
<b>Home:</b>	<b>Home:</b>
<b>Mobile:</b>	<b>Mobile:</b>
<b>Work:</b>	<b>Work:</b>
<b>Email address:</b>	<b>Email address:</b>
<b>Employment Status:</b>	<b>Employment Status:</b>
<input type="radio"/> Full time <input type="radio"/> Part time <input type="radio"/> Casual <input type="radio"/> Student	<input type="radio"/> Full time <input type="radio"/> Part time <input type="radio"/> Casual <input type="radio"/> Student
<input type="radio"/> Seeking Employment <input type="radio"/> Maternity/ Paternity Leave	<input type="radio"/> Seeking Employment <input type="radio"/> Maternity/ Paternity Leave
<b>Occupation:</b>	<b>Occupation:</b>
<b>Nationality:</b>	<b>Nationality:</b>
<b>Marital Status:</b>	<b>Marital Status:</b>
<input type="radio"/> Married <input type="radio"/> De Facto <input type="radio"/> Single <input type="radio"/> Other	<input type="radio"/> Married <input type="radio"/> De Facto <input type="radio"/> Single <input type="radio"/> Other
<b>Do you require any of our service information to be interpreted into your home language?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Do you require any of our service information to be interpreted into your home language?</b> <input type="radio"/> Yes <input type="radio"/> No
If yes, which language is required for interpretation?	If yes, which language is required for interpretation?

How did you hear about Carlingford Kindergarten?

If the referral was made by an existing family, what was the families name?

Name of person completing this Form:

Applicants Signature:

Date:

**Thank you – we will contact you as soon as a position becomes available in line with your request**

Please note: This form is an application to be placed on the waiting list for enrolments. It does not guarantee a place, nor the days requested, as these decisions will be based on priorities to be implemented by the Nominated Supervisor of the Service. We require that you contact us if any of your details should change.

Updated August 2016

### Office Use Only

Date Application Received:

\$20 Waiting List Deposit Paid