



Waiting List Application Form

Child's Details

First name:	Surname:
Date of birth:	Gender (please circle): Male Female
Languages spoken:	Cultural background:
Has your child been diagnosed as having an additional need? If yes, please specify: _____	
Area of Need (please tick below if known):	
<input type="checkbox"/> ADHD <input type="checkbox"/> Social/Emotional Development <input type="checkbox"/> Intellectual Development	<input type="checkbox"/> Language Development <input type="checkbox"/> Physical Development <input type="checkbox"/> All of the Above Areas
Does your child have any medical conditions? If yes, please specify: _____	

Family Details

Parent 1

Parent 2

Name:	Name:
Relationship to child:	Relationship to child:
Date of Birth:	Date of Birth:
Address: Postcode:	Address: Postcode:
Contact Information:	Contact Information:
Home:	Home:
Work:	Work:
Mobile:	Mobile:
Email:	Email:

Family Requirements

Please circle the required days of care: Monday Tuesday Wednesday Thursday Friday

Please indicate the month and year you wish for care to commence: Month _____ /Year _____

Are you flexible with the days requested? Yes No

Priority of Access Guidelines

To comply with our priority of access guidelines families are required to complete the following information.

Please circle the information that applies to you. Are you a:

A Single Parent Family

Mother/Father Working full time Working part time Seeking employment Studying Not working outside home

A Two Parent Family

Mother Working full time Working part time Seeking employment Studying Not working outside home

Father Working full time Working part time Seeking employment Studying Not working outside home

We would like to know how you found out about our service. Please tick the appropriate box(es)

word of mouth yellow pages/phone book website printed material other _____

Applicants Signature: _____ Date: _____

Office Use Only		Details of other contact made:
Received: ____/____/20____	Waitlist Fee Paid: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Signed:	Entered in Computer by:	