WAITING LIST APPLICATION

KAZ *Early Learning Centre*

Child's Family Name: _____   Child's Given (first) Name: _____

Date of Birth: _____   Gender: ☐ Male   ☐ Female

No. of days required: _____   Which days?   ☐ Mon   ☐ Tue   ☐ Wed   ☐ Thu   ☐ Fri

Are these days flexible?   ☐ Yes   ☐ No   When would you like care to commence? _____

How did you find out about our Centre? _____

	PARENT 1	PARENT 2
Title:		
Family Name:		
Given Name:		
Date of Birth:		
Address:		
Postcode:		
Email:		
Phone (W):		
Phone (H):		
Phone (M):		
Employment Status:		
Occupation:		
Place of work/study?		
Language spoken at home:		

Is an interpreter / translator required for: Written: ☐   Spoken: ☐

Families CRN: _____

Please indicate which parent will be claiming the CCS payment: Parent 1: ☐   Parent 2: ☐

Have tests or reports on the child been done from any of the following services, or is the child currently using any of these services?

☐ Medical Reports   ☐ Vision Check

☐ Basic Developmental Assessment   ☐ Hearing Check

☐ Psychological Assessment   ☐ Special Education

☐ Speech Pathology   ☐ Special Play Group

☐ Physiotherapy   ☐ Respite Care

☐ Occupational Therapy   ☐ Using disability allowance

Please give details and attach copies of the reports:

I declare that the information I have provided is correct and I understand that if I fail to notify the Service of any changes to these details, I may forfeit my child's place on the waiting list.

Parent / Guardian's Signature: _____   Date: _____

KAZ Early Learning Centre has **Priority of Access Guidelines.**

First Priority: a child at risk of serious abuse or neglect
Second Priority: a child of a sole parent who satisfies, or parents who both satisfy, the activity test through paid employment.
Third Priority: any other child.

There are some circumstances in which a child who is already in a child care service may be required to leave the service or change days due to priority of access obligations. Should this be required, 14 days notice will be given.

This completed form is to be returned to the service.
Upon receipt of the completed form your child will be entered on the Waiting List.

OFFICE USE ONLY

Priority of Access Category: 1   2   3   N/A

Date Application Received: _____

Staff Name: _____   Staff Signature: _____   Date: _____

Entered on computer Date: _____

Notes: _____