CONFIDENTIAL: RESTRICTED ACCESS

Mount Gambier Child Care Centre Inc.

3 Derrington Street, MOUNT GAMBIER

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CHILD CARE WAITING LIST APPLICATION

CHILD'S DETAILS

Full Name:

Other names known by: **Gender: F / M**

Date of birth: **or expected birth:**

PROPOSED BOOKING DETAILS

Mon.	Tue.	Wed.	Thu.	Fri.

START DATE: _____

PARENT/GUARDIAN APPLYING

Full Name:

Relationship To child **Language:**

Address:

(postal)

Phone: (m) **(w)**

Email:

OTHER PARENT/GUARDIAN

Full Name:

Relationship To child **Language:**

Address:

(postal)

Phone: (m) **(w)**

APPLICATION AGREEMENT

Please read the following statement and sign the agreement below.

I wish to apply for a position at the centre for my child/ren. understand that the centre will abide by the Commonwealth Priority Access Guidelines (Director discretion may apply). I understand that the centre has a strict confidentiality policy and any information given in regard to accessing care will be kept strictly confidential. I understand that placing my child on the waiting list is no guarantee that a position will be available when requested. I understand that if I am contacted regarding a vacancies that matches what I have requested as per this waiting list application form, and I decline the offer, that my waiting list application becomes invalid and that another waiting list application form must be lodge for later consideration. I understand that it is my responsibility as enrolling parent to apply to the Family Assistance office for Child Care Subsidy. I understand that if an attempt to contact me to confirm or accept any offer proposed by the centre is not followed up within 7 days that my application is cancelled. I understand that this application for care is not a binding contract and that I can contact the centre at any time and cancel my request. I understand that once a position has been offered and I accept that a security deposit invoice will be generated in my name and emailed to me with a letter of offer for a position and that my child/rens position is not secure until the deposit is paid in full.

Signature: **Date:**

PRIORITY OF ACCESS

As a child care service which receives Child Care Subsidy from the Commonwealth Government, we take into consideration the priority of access guidelines set by the Department of Family and Community Services.

1. Child at risk of abuse or neglect OR family in crisis.

2. Child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test.

3. Any other child.

Within the main categories above, priority should also be given to the following:

Children in an Aboriginal or Torres Strait Islander family. Children in a family which includes a disabled person. Children in a family which includes an individual whose adjusted taxable income does not exceed the lower income threshold, or who or whose partner is on income support. Children in a family from a non-English speaking background. Children in a socially isolated family. Children of a single parent family.

How did you find out about this service ? _____

OFFICE USE ONLY

Date	Notes

Booking Contract sent date: _ _ / _ _ / _ _ _ _ **Returned date: _ _ / _ _ / _ _ _ _**

Security Deposit sent date: _ _ / _ _ / _ _ _ _ **Security Deposit paid date: _ _ / _ _ / _ _ _ _**