



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): <table style="width: 100%; margin-left: 100px;"> <tr> <td><input type="checkbox"/> ADHD</td> <td><input type="checkbox"/> Language Development</td> </tr> <tr> <td><input type="checkbox"/> Social/Emotional Development</td> <td><input type="checkbox"/> Physical Development</td> </tr> <tr> <td><input type="checkbox"/> Intellectual Development</td> <td><input type="checkbox"/> All of the Above Areas</td> </tr> </table>		<input type="checkbox"/> ADHD	<input type="checkbox"/> Language Development	<input type="checkbox"/> Social/Emotional Development	<input type="checkbox"/> Physical Development	<input type="checkbox"/> Intellectual Development	<input type="checkbox"/> All of the Above Areas
<input type="checkbox"/> ADHD	<input type="checkbox"/> Language Development						
<input type="checkbox"/> Social/Emotional Development	<input type="checkbox"/> Physical Development						
<input type="checkbox"/> Intellectual 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:						
Address:	Address:						
Postcode:	Postcode:						
Email Address:	Email Address:						
Contact Numbers: <table border="1" style="width: 100%; margin-left: 20px;"> <tr><td>Home:</td></tr> <tr><td>Work:</td></tr> <tr><td>Mobile:</td></tr> </table>	Home:	Work:	Mobile:	Contact Numbers: <table border="1" style="width: 100%; margin-left: 20px;"> <tr><td>Home:</td></tr> <tr><td>Work:</td></tr> <tr><td>Mobile:</td></tr> </table>	Home:	Work:	Mobile:
Home:							
Work:							
Mobile:							
Home:							
Work:							
Mobile:							
Occupation: Date of Birth:	Occupation: Date of Birth:						

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: _____ / _____
 Are you flexible with the days requested? Yes No

Priority of Access Guidelines

To comply with the Australian Government and 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					
Parent 1	Working full time	Working part time	Seeking employment	Studying	Not working outside home
Parent 2	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: _____