

BALLS PADDOCK CHILDREN'S CENTRE WAITING LIST FORM

CHILD'S INFORMATION

Child's Name:	Date of inquiry:	
Date of Birth:	Sex of Child: Male/Female	
Country of Birth:	Home Language:	
Names & ages of brothers and sisters:	1.	2.
3.	4.	5.

FAMILY INFORMATION

	Parent 1	Parent 2
Relationship to child		
First Name		
Family Name		
Home address		
Phone (home)		
Mobile		
Occupation		
Place of work/study		
Phone (work)		
Country of birth		

DAYS REQUESTED

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

PRIORITY OF ACCESS

Following the Federal Government Guidelines on Priority of Access, please tick the box that applies to you and your child.	
Priority 1: Children at risk of serious abuse or neglect.	<input type="checkbox"/>
Priority 2: Children of working and/or training, studying parents.	<input type="checkbox"/>
Priority 3: Any other child.	<input type="checkbox"/>
Within any of the above three priorities, the following children will be given priority.	
<ol style="list-style-type: none"> 1. Children from Aboriginal, Torres Strait Islander background. 2. Children in families, which include a disabled person. 3. Children in families whose Child care Benefit percentage is 100% 4. Children in families from non English speaking background. 5. Children in socially isolated families. 6. Children of single parents. 	

MEDICAL INFORMATION

Does your child have any special needs or requirements? If yes, please give details
Does your child have any other medical conditions? YES/NO
Are there any special family needs or considerations?
When would you like your child to start?
This form puts your child's name on a waiting list. Unfortunately there is no guarantee that you will be offered a place after a certain period of time. If you are not offered a place during the year, we will contact you at the end of the year to see if you want to stay on the waiting list. Please contact us if your circumstances change.
Signature of Applicant: _____ Date: ___/___/___