



WAITING LIST APPLICATION – 2016

This is an Application form and does not guarantee a place at the Centre

Childs Details

Name: _____	
Date of Birth: _____	Male / Female: _____
Language/s Spoken at Home: _____	
Do you have a sibling currently on the waitlist No Yes if yes, Name: _____	

Parent 1 – (Primary Contact)	Parent 2
Name: _____	Name: _____
Address: _____ _____ P/Code: _____	Address: _____ _____ P/Code: _____
Telephone Home: _____	Telephone Home: _____
Telephone Business: _____	Telephone Business: _____
Mobile: _____	Mobile: _____
Email: _____	Email: _____
Occupation: _____	Occupation: _____
Work Details - please tick (<input type="checkbox"/>) one of the following: Working: Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Casual <input type="checkbox"/> Parental/Maternity leave <input type="checkbox"/>	Work Details - please tick (<input type="checkbox"/>) one of the following: Working: Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Casual <input type="checkbox"/> Parental/Maternity leave <input type="checkbox"/>
Studying: Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/>	Studying: Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/>
To meet Government Guidelines, evidence of work/study status will be required on enrolment.	To meet Government Guidelines, evidence of work/study status will be required on enrolment.

Days that care is needed: (Operating hours are 8.00am - 6.00pm.)

Please tick () days required.

Monday Tuesday Wednesday Thursday Friday

Are you flexible with the days your child is able to attend? Yes No

When is the place required? (specify date if known) Month: _____ Year: _____

Other Comments: _____

PRIORITY OF ACCESS GUIDELINES FOR CENTRE BASED LONG DAY CARE SERVICE SET BY COMMONWEALTH GOVERNMENT 2000

"The Australian Government funds child care with a major purpose of meeting the child care needs of Australian families. However, the demand for child care sometimes exceeds supply in some locations. When this happens, it is important for services to allocate places to those families with the greatest need for child care support. The Australian Government has determined guidelines for allocating places in these circumstances. They set out the following three levels of priority, which child care services must follow when filling vacant places": *(Taken from Child Care Services Handbook 2005-2006)*

- Priority 1 - Resident child at risk of serious abuse or neglect;
- Priority 2 - Non resident child at risk of serious abuse or neglect;
- Priority 3 - Resident child of a single parent who satisfies, or of parents who both satisfy the work/training/study test under section 14 of the Family Assistance Act.
- Priority 4 - Non resident child of parents who both satisfy the work/training/study test under section 14 of the Family Assistance Act.

Having satisfied the requirements of Commonwealth Priority of Access Guidelines, remaining places will be allocated utilising the City of Yarra Priority of Access guidelines:

- Priority 1 - Siblings of children already enrolled in a subsidised Yarra children's service and who resides in Yarra;
- Priority 2 - Non-resident siblings of children already enrolled in subsidised Yarra children's service;
- Priority 3 - Other children whose family or carer resides in Yarra;
- Priority 4 - Non resident children whose family or carer works or studies in Yarra;
- Priority 5 - All other non resident children allocated in the order of closest residential proximity to the centre.

Within these main categories, priority should also be given to the below listed children. To allow us to determine your child(ren)s priority position on our waitlist, please tick the following categories if they apply to your child:

- children in Aboriginal and Torres Strait Islander families;
- children in families which include a disabled person;
- children in families on lower incomes.
- children in families with a non-English speaking background;
- children in socially isolated families;
- children of single parents

Within these guidelines, priority of access is also given to families who have present/past children at this Centre.

Have any of your children previously attended the North Fitzroy Childcare Co-operative?	
No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes:	
Childs Name:	Year of Enrolment:
Childs Name:	Year of Enrolment:

PAYMENT DETAILS

A non-refundable one-off waiting list application fee of \$30.00 (inc.GST) is required and can be made by:

- **Cheque or Money Order** (payable to *North Child Care Coop LTD*) OR
- **EFT** (if you are paying via EFT please be sure to put your **full name** in the reference box so that we can allocate your payment correctly)

Account Name: North Child Care Coop LTD
BSB: 063-228
Account No: 1002 5324

Please note: This administration fee will be waived upon receipt of a copy of your Health Care Card.

I enclose my payment by:

- CHEQUE
- MONEY ORDER
- EFT

DECLARATION

The information contained in this application for North Fitzroy Child Care Co-operative is true and correct. I understand that deliberately providing misleading information may lead to my place/offer being revoked.

I understand that incomplete forms and /or non-payment will be returned for my attention and may delay my application being processed.

Name:

Signed:

Date:

Return completed form and payment to:

North Fitzroy Child Care Co-operative
173 Clausen Street
NORTH FITZROY VIC 3068

Office Use Only

Entered by (initials):

Date entered

Receipt Number Emailed:

Date sent:

Payment Type:

Date Paid: