



Nurturing children in their life journey.

KURILPA COMMUNITY CHILD CARE CENTRE INC

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### WAITING LIST APPLICATION

Please keep the centre informed of any changes in your circumstances or changes to personal details below to keep your application current. **There is a \$20.00 administration fee payable with this form.** This amount can be paid via cash direct to the centre or direct deposit into our bank account. Details are **Bank: Commonwealth Bank, BSB 064-131, ACC No 1022 8415.** Please make sure you include your name as the reference.

CHILD'S NAME: _____		DATE OF BIRTH: _____	
ADDRESS: _____			
HOME PHONE NO: _____		EMAIL: _____ @ _____	
PARENT NAME: _____		PARENT NAME: _____	
<b>Contact Numbers</b>		<b>Contact Numbers</b>	
Work: _____		Work: _____	
Mobile: _____		Mobile: _____	

**DETAILS OF CARE REQUIRED:** **\*\*Please note:** Bookings must be for a minimum of 2 days.

Preferred Start Date: \_\_\_\_\_

Days Required: (please circle)    MON.                    TUES.                    WED.                    THURS.                    FRI.

Comments: (e.g. preferred days, other children attending centre, etc.) \_\_\_\_\_

**Please note:** The centre parent Management Committee has implemented an Immunisation Policy that includes new Government Legislation as at 1/1/2016. Please discuss you particular circumstance with the centre Director for clarification.

The Commonwealth Government provides a priority of access guideline to all Long Day Care centres in Australia

**Please select which category your family fits into**

- € **Priority One** –A child at risk of serious abuse or neglect.
- € **Priority Two** – A child of a single parent who satisfies, or parents that **both** satisfy, the work/training/study test under section 14 of the Family Assistance Act. That is, working (including work as a carer) seeking employment, studying or training or on leave related to employment.
- € **Priority Three** – Any other child. For example, a child who's parents have chosen to stay at home.

**Priority will also be given to the following children**

a) Children in Aboriginal or Torres Strait Islander families    b) Children in families which include a disabled person

c) Children in families on lower incomes                    d) Children in families with a non-English speaking background

e) Children in socially isolated families    f) Children of single parents

**Please circle any of the above that apply to your children**                    a                    b                    c                    d                    e                    f

**I agree that the information provided on this form is a true and accurate reflection of my child's and family's needs**

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_ FEE PAID \$ \_\_\_\_\_

Office Use: RECEIPT NO: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ MAILOUT LIST \_\_\_\_\_