

Date of Application: ____/____/____

CHILD 1: Family name: _____ Given Name: _____ Date of Birth: ____/____/____

Male Female Approx. Start Date: ____/____/____ Please tick if your child has any special needs.

CHILD 2: Family name: _____ Given Name: _____ Date of Birth: ____/____/____

Male Female Approx. Start Date: ____/____/____ Please tick if your child has any special needs.

CHILD 3: Family name: _____ Given Name: _____ Date of Birth: ____/____/____

Male Female Approx. Start Date: ____/____/____ Please tick if your child has any special needs.

ENROLLING PARENT/GUARDIAN: Family name: _____ Given Name: _____

Relation to Child: _____ Email: _____

Address: _____ Suburb: _____ P/Code: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

PARENT/GUARDIAN/OTHER CONTACT (to notify if a space becomes available):

Name: _____ Relation to Child: _____

Address: _____ Suburb: _____ P/Code: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

PRIORITY OF ACCESS:

As the government assists all families with the costs of child care, The Department of Education, Employment and Work Relations stipulates that child care services offer vacancies to families seeking care according to Priority of Access conditions. Access Priority 2 parents may need to provide proof of employment/training/study.

1. Child at risk of abuse or neglect
2. Sole parent working/training/studying 15 hours or more per week
 Family with both parents working/training/studying 15 hours or more per week
3. Any situation not identified above (e.g. one parent at home)

St Andrew's Little Saints was established to allow for staff of St. Andrew's Anglican College to have access to child care. Please tick this box if you are on staff at the College.

Yes I am a staff member of St. Andrew's Anglican College

Yes a sibling is enrolled at St. Andrew's Anglican College

Within these main Priority categories, priority should also be given to children in:

Please tick if your circumstances fall within any of these categories

- | | |
|---|--|
| <input type="checkbox"/> Aboriginal Torres Strait Islander families | <input type="checkbox"/> Families which include a disabled person |
| <input type="checkbox"/> Families on lower incomes | <input type="checkbox"/> Families from culturally and linguistically diverse backgrounds |
| <input type="checkbox"/> Socially isolated families | <input type="checkbox"/> Single parent families |

Long Day Care waiting list for 0-5 year olds, including Kindy (minimum 2 days)



| | Monday | Tuesday | Wednesday | Thursday | Friday |
|------------------|--------|---------|-----------|----------|--------|
| Please tick days | | | | | |

PLEASE TICK AND SIGN: I understand that my child/ren must attend for a minimum of two days per week.

Signature: _____ Date: ____/____/____

PLEASE TICK AND SIGN: I agree for Little Saints Early Learning Centre to receive the Government Kindy Funding for my child when they attend Kindy at Little Saints. I understand that by nominating Little Saints, any other service which my child attends will not be able to claim the Kindy Funding.

Signature: _____ Date: ____/____/____

PLEASE TICK AND SIGN: I understand the priority of access conditions outlined above and agree to notify the Centre should my circumstances change. I also understand that this form is for the waitlist only and does not guarantee my child/ren enrolment at Little Saints Early Learning Centre. *In addition, please note that the Little Saints waitlist is not affiliated with the waitlist for St Andrew's Anglican College. Please enquire directly with St Andrew's regarding enrolment at the College.*

Signature: _____ Date: ____/____/____

How did you hear about our Centre? _____

Have you had a tour of our Centre? Yes No

Please note, that you must have a tour of our Centre before you can be offered a position. This is to ensure that you are familiar with and agree with our Centre philosophy. Tours of the Centre are available each Friday at 10.30am.

WAITING LIST FEE: \$30.00 Non-Refundable Administration Fee. This per family fee may be paid with cash, Visa or Mastercard, EFTPOS or cheque at the Centre. Alternately, you may fill in your Visa or Mastercard details below and fax this form to us at (07) 5471 5500. **Please note: a surcharge applies to all credit card payments**

AMOUNT PAID: \$30.00 NAME ON CARD: _____

CARD NUMBER: ____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____

EXPIRY DATE: ____/____ SIGNATURE: _____

| |
|--|
| (OFFICE USE: DATE PAID ____/____/____ PAYMENT METHOD _____ SIGNATURE: _____) |
|--|