

Date of Application: ____/____/____

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

Male Female Approx. Start Date: ____/____/____

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

Male Female Approx. Start Date: ____/____/____

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

Male Female Approx. Start Date: ____/____/____

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 vacancies arise, the following considerations are given to prioritising children for enrolment:

- A child who is at risk of serious abuse or neglect
- A child of a sole parent who satisfies, or parents who both satisfy, the activity test through paid employment
- Socially isolated and/or single parent families
- A child who is from Aboriginal or Torres Strait Islander background
- Families which include a person with a disability
- Families from culturally and linguistically diverse backgrounds

This reflects the Australian Government's intention to help families who are most in need and support the safety and wellbeing of children at risk in accordance with the Framework for Protecting Australia's Children 2009 -2020.

Further, priority of access is always given to children who have an older sibling/siblings enrolled at St Andrew's Anglican College. This includes children of parents who are employees of St Andrew's Anglican College. Please tick the box if either of the following applies to your family:

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

Yes a sibling is enrolled at St. Andrew's Anglican College. Name: _____ Year: _____

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



	Monday	Tuesday	Wednesday	Thursday	Friday
Please tick days					

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

Signature: _____ Date: ___/___/___

PLEASE 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 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 the Enrolments Registrar at St Andrew's regarding enrolment at the College

Signature: _____ Date: ___/___/___

PLEASE SIGN: I understand it is my/our responsibility as the parents/guardians if receiving an enrolment offer, to provide detailed information and medical documentation regarding my child's medical and/or dietary needs PRIOR to their commencement at the Centre.

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 held each Monday at 10.30am.***

WAITING LIST FEE: \$50.00 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 scan and email this form to us at: littlesaints@saac.qld.edu.au . ***Please note: a surcharge applies to all credit card payments***

AMOUNT PAID: \$50.00 NAME ON CARD: _____

CARD NUMBER: ___/___/___/___ ___/___/___/___ ___/___/___/___ ___/___/___/___

EXPIRY DATE: ___/___ SIGNATURE: _____

(OFFICE USE: DATE PAID ___/___/___ PAYMENT METHOD _____ SIGNATURE: _____)
