



Waiting List Application Form

Child Details

0								
Family Name				First Name				
Address					4			
Primary Langu	uage			Gender	Male / Fen	Male / Female		
Date of Birth o	r Expec	ted Date of Birth		/ /				
Enrolling l	Paren	t/Guardian D	etails					
Family Name				First Name				
Address								
Email								
Contact Method Er		Email / Phone (Email / Phone (W) (H) (M)					
Relationship to Child				Work Phone				
Primary Language								
Booking R	Reques	Mon	Tues	Wed	Thurs	Fri	_	
Arrive Depart								
From	/ ,	/ for	weeks/	or until /	/	or O	_ ngoing □	
Access G	uidelir	nes						
the Priority of	Access		out in Child	enefit from the Col Care Benefit (Elig 200.				
_		these guidelines		ase select one of t ly in Crisis	the options b	elow:		
☐ Family wh	o satisfi	es the recognised	d work, trainin	g, study tests				
☐ All other fa								
- All other is	amilies							

How Did You Find Out About the St Peters Child Care Centre and Preschool?											
Agreement											
I wish to apply for placement as detailed at the St Peters Child Care Centre	and Preschoo	ıl.									
understand that I must apply to FAO/Centerlink for Child Care benefit if I intend to claim such benefits.											
I understand that to maintain this place on the waiting list I must contact the Director at least every three (3) months to confirm our continuing interest. Not doing so will mean the deletion of this application from the waiting list.											
I certify that the information entered upon this form is true to the best of my inform the Service if any of these details change.	knowledge and	d I und	ertake	to							
Parent/Guardian											
Signature	Date	/	/								
OFFICE USE ONLY											
Interviewed / Accepted by:											
Signature	Date	/	/								