

Wagga Wagga Early Years Learning Centre

Application for Wait List



Child's Given Name: \_\_\_\_\_ Child's Family Name: \_\_\_\_\_

M /F: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Cultural Background: \_\_\_\_\_

Which service do you require care at: (Please circle) Turvey Park, Boorooma, Glenfield

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Mother's Given Name: \_\_\_\_\_ Mother's Family Name: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Are you currently (please circle): Working Seeking Work Unemployed Studying

Occupation: \_\_\_\_\_ Hours of Work: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Tel: \_\_\_\_\_

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Father's Given Name: \_\_\_\_\_ Father's Family Name: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Are you currently (please circle): Working Seeking Work Unemployed Studying

Occupation: \_\_\_\_\_ Hours of Work: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Tel: \_\_\_\_\_

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Marital Status (please circle): Single Married Separated Divorced Widowed De Facto

Language Spoken at Home: \_\_\_\_\_

Are you in receipt of any government benefits? Y / N

If yes, please give details: \_\_\_\_\_

Has your child been assessed for the Child Care Subsidy? Y / N

Do you currently have Child Care? \_\_\_\_\_

Please complete answers overleaf

What days do you require care? (please circle)    Mon    Tues    Wed    Thurs    Fri

During what hours do you require care? \_\_\_\_\_

Date from which care is required: \_\_\_\_\_ (Please note: It may not be possible to commence care on this date)

Does your child have any special needs or disabilities? \_\_\_\_\_

If yes, please give details: \_\_\_\_\_

Is your child under assessment for NDIS?    Y / N

Does your child have an NDIS Plan? (Please provide a copy with the enrolment forms.)    Y / N

Is there any other information you feel we should know? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Office use only:

Child Care Subsidy: Y / N

Evidence of Priority: Y / N                      Priority Number:    First    Second    Third

Child added to spreadsheet: Y / N

Family contacted and offered position: Y / N                      Date: \_\_\_\_\_

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Additional information:

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