Waiting List Application

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| --- |
| Office Use Only |
| Group/Year: Date received: / / |

# Part 1: Child’s Details

|  |  |  |
| --- | --- | --- |
| Family name: | Date of Birth: / / | [ ]  M [ ]  F |
| Given names: | Usually called: |  |
| Address: |  |  |
| Country of Origin/ Cultural background: |  |  |
| Language(s) spoken in the home: |  |  |
| Does your Child have a Health Care Card?  | [ ]  No [ ]  Yes (Please provide details)  |
|  |  |
| Does your child have any additional needs?  | [ ]  No [ ]  Yes (Please provide details)  |
|  |  |
| Have you had another child attend our service?  | [ ]  No [ ]  Yes (Please provide details)  |
|  |  |

# Part 2: Parent/Guardian Details

|  |  |  |
| --- | --- | --- |
| Parent 1 / Guardian 1 (Primary contact) |  | Parent 2 / Guardian 2 |
| Title: Date of Birth: / / |  | Title: Date of Birth: / / |
| Given Name(s) |  | Given Name(s) |
| Family Name: |  | Family Name: |
| Address: |  | Address: |
|  |  |  |
| Home phone: Work phone: Mobile:  |  | Home phone: Work phone: Mobile:  |
| Email: |  | Email: |
|  |  |  |
| Occupation: |  | Occupation: |
|  |  |  |
| [ ]  Full time [ ]  Part time [ ]  Casual[ ]  On Leave [ ]  Studying |  | [ ]  Full time [ ]  Part time [ ]  Casual[ ]  On Leave [ ]  Studying |

From 1 January 2016 ‘No jab, No Play’ & ‘No Jab No Pay’ legislation has been passed and all children need to be fully immunised: Fact sheets available:

http://www.health.vic.gov.au/immunisation/factshhets/no-jab-no-play.htm

**Offer of Place**

'Offers of Place' are forwarded to each successful applicant between July and August of the year prior to entry.

**Priority of Entry**

1. Currently enrolled children

2. Siblings of currently and previously enrolled children

3. New families

(Priority of Entry is in accordance with the *Commonwealth Priority of Access Guidelines)*

# Part 4: Application Details

Please indicate your preference below.

|  |
| --- |
| [ ]  Three Year Program – Year required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2 days only (TBA) |
| [ ]  Four Year Program – Year required: Days required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (TBC) |

Children need to be 3 years old by January the year of enrolment!

All programs offered are subject to yearly review. We will seek further information from you in the year prior to your child’s intended enrolment regarding your preferences.

# Part 5: Applicant Declaration

I declare that all the information I have provided is true and correct.

|  |
| --- |
| Applicant Name (Please print):  |
| Applicant Signature: Date: / / |

# Part 6: Lodgement Details

Lodgement of this form does not guarantee enrolment. You can lodge the completed application by:

|  |
| --- |
| Email: sunrise.preschool@gmail.com |
| Comments:   |