

Waiting List



The Tree House
Early Childhood Centre

Child – Details

Given Name: Family Name:

Date of Birth OR Expected date of Birth ___/___/___ Male Female

Residential Address:

Preferred Attendance

Date care is required from:

Tick Preferred Days: Monday Tuesday Wednesday Thursday Friday

If you require less than 5 days per week, are you prepared to accept any days that are allocated?

Yes, I would be happy to take any days available No, I require the days above

Are you flexible with your start date? Yes No

Parent / Guardian Details:

| | Parent /Guardian 1 | Parent /Guardian 2 |
|------------------------|--------------------|--------------------|
| Given Name: | | |
| Family Name: | | |
| Former / Other Names: | | |
| Relationship to Child: | | |
| Phone (Home): | | |
| Phone (Work): | | |
| Phone (Mobile): | | |
| Email: | | |

Please tick the applicable priority of access:

The following questions are necessary to determine your priority rating. Please answer honestly. If you answer yes to any of the following, you may be required to provide proof under Section 14 of the Family Assistance Act.

- Priority 1 A child at risk of serious abuse or neglect
Priority 2 Are you a single parent who is working?
 Are you a family with parents working?
 Are you studying for future employment?
 Are you seeking employment or training?
Priority 3 Any other child

I understand the Priority of Access conditions outlined and agree to notify the centre should my circumstances change.

Does your child have additional needs? Yes No

If yes, please specify:

Parent / Guardian:

Date: ___/___/___

Signature: