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WAITING LIST APPLICATION

Date of Application: _____

Personal Details

Child's Full Name: _____ D.O.B: _____
Address: _____ Post code: _____
Phone: _____ Child's gender: _____ Country of Birth: _____

Mother/Guardians Name: _____ Home Phone: _____
Address: _____ Mobile: _____
Occupation: _____ Days at work: MON TUES WED THURS FRI
Employer's Name: _____ Work Phone: _____
Parent Status: FULL TIME PART TIME CASUAL UNEMPLOYED
(Circle Choice/s) SEEKING EMPLOYMENT STUDYING DISABLED
 ABORIGINAL/TORRES STRAIT ISLANDER NON ENGLISH SPEAKING

BACKGROUND

Country of Birth: _____ Language spoken at home: _____

Father/Guardians Name: _____ Home Phone: _____
Address: _____ Mobile: _____
Occupation: _____ Days at work: MON TUES WED THURS FRI
Employer's Name: _____ Work Phone: _____
Parent Status: FULL TIME PART TIME CASUAL UNEMPLOYED
(Circle Choice/s) SEEKING EMPLOYMENT STUDYING DISABLED
 ABORIGINAL/TORRES STRAIT ISLANDER NON ENGLISH SPEAKING

BACKGROUND

Country of Birth: _____ Language spoken at home: _____

ENROLMENT DETAILS:

Required year to start: _____ Hours of care needed: _____ am to _____ pm

Number of days needed (circle): 1 2 3 4 5

Would you be prepared to start with less days (circle)? YES NO

Preferred days (circle): MON TUE WED THU FRI

Does your child have any health problems or special needs/disabilities? YES NO

If yes please give details: _____

(please turn over)

WAITING LIST AGREEMENT

The information I have supplied on this form is to the best of my knowledge true and correct. I understand that it is my responsibility to notify the centre of any changes to the information supplied. Some changes to circumstances may affect my chances of being offered a place.

SIGNED: _____ **DATE:** _____

If your details are found to be incorrect, e.g. phone numbers etc, your application will be relocated to the back of the list.

SIGNED: _____ **DATE:** _____

I will be considerate enough to inform Elermore Vale Early Learning Centre immediately if I no longer need placement to allow staff to contact other families who need placement.

SIGNED: _____ **DATE:** _____

If this application is for an unborn child a placement **will not be offered** unless Elermore Vale Early Learning Centre is provided with further details after my child's birth.

SIGNED: _____ **DATE:** _____

I understand that a Siblings Policy is in effect at Elermore Vale Early Learning Centre, which gives priority of placement of children's siblings, who already attend the centre.

SIGNED: _____ **DATE:** _____

If you refuse placement three or more times your application may be relegated to the back of the waiting list.

SIGNED: _____ **DATE:** _____

How did you hear about the centre? (circle)

WORD OF MOUTH	LETTERBOX DROP	BROCHURE	PHONE BOOK	WEB SITE
NEWSPAPER AD	YELLOW PAGES	SIGN ON ROAD	OTHER	

Thank you for taking the time to fill in this application, we hope we can be of service to you and your family in the near future.

OFFICE USE

Date contacted: _____	By: _____	Comment: _____
Date contacted: _____	By: _____	Comment: _____
Date contacted: _____	By: _____	Comment: _____
Date contacted: _____	By: _____	Comment: _____
Date contacted: _____	By: _____	Comment: _____