

Waitlist Form



Child's Name: _____ Date of Birth: _____

Date of Application: _____ Date when care is required: _____

Parent / Guardian 1 (Please not this information will be used as the main contact)	Parent / Guardian 2
Name: _____	Name: _____
Address: _____	Address: _____
_____ Post Code: _____	_____ Post Code: _____
DOB: _____ CRN : _____	DOB: _____ CRN : _____
Home Ph. No: _____	Home Ph. No: _____
Work Ph. No: _____	Work Ph. No: _____
Mobile: _____	Mobile: _____
Email: _____	Email: _____
Occupation: _____	Occupation: _____
Country of Birth: _____	Country of Birth: _____
Days worked per week: _____	Days worked per week: _____
Work Details – please circle appropriate Work - Full Time Part Time Casual Parental / Maternity Leave	Work Details – please circle appropriate Work - Full Time Part Time Casual Parental / Maternity Leave
Studying - Full Time Part Time	Studying - Full Time Part Time

Days that care is required: (Please Circle)				
Monday	Tuesday	Wednesday	Thursday	Friday
Are you flexible with the days your child is able to addend?			Yes	No
When is the position required? (specify date if known)			Month: _____	Year: _____

Please return forms to director@thegapmontessori.com.au or 177-181 Payne Rd THE GAP 4061.
If you have any questions, please do not hesitate to contact us at the above email or at 07 3300 2227.

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Priority of access guidelines for Service based long day care service set by Commonwealth Government 2000

First Priority	A child at risk of serious abuse or neglect
Second Priority	A child of a single Parent who satisfies, or Parents who both satisfy the work/training/study category
Third Priority	Any other child

To allow us to determine your child(ren)'s priority position on our waitlist, please tick the following categories if they apply to your child:

- Children in Aboriginal and Torres Strait Islander Families;
- Children in families which include a family member who requires additional support;
- Children in families on lower incomes;
- Children in families with a non-English speaking background;
- Children in socially isolated families;
- Children of single Parents.

Within these guidelines, families who have present/past children at this Service have priority of access.

I acknowledge that all information supplied on this form is correct at time of signing.

Signed: _____ Date: _____

Office Use Only:

Date entered into system: _____

Parent contact to confirm details:

Date: _____ Date: _____ Date: _____ Date: _____

Date Position was offered: _____ Room: _____

Acceptance: Yes No Start Date: _____