

Carlingford Multipurpose Learning Centre

Rickard Street, Carlingford NSW 2118

Telephone: 02 9872 6155 Fax: 02 9873 4606

Email: cmplearningcentre@bigpond.com



APPLICATION FOR WAITING LIST

This form is an application to be placed on the waiting list for enrolment. It **does not** guarantee a place for your child. The information contained is **confidential** and is used by the Centre administration and primary contact staff to ascertain the possible placement of your child within the Centre's priority categories.

Signature: _____ Date: _____

One form must be completed in full for each child.

Child's Name: _____ M/F: _____

Date of Birth: _____ Present Age: _____

Home Address: _____ Post Code: _____

Home Phone: _____ Nationality: _____

Does your child have any specific developmental or learning needs; health issues or dietary needs?

Anticipated Days of Attendance: (please circle) (Minimum of 2 days)

Monday

Tuesday

Wednesday

Thursday

Friday

Anticipated Hours of Attendance: from _____ am to _____ pm

NOTE: Operation hours: 7am – 6pm Monday – Friday (except public holidays and Christmas closedown)

Mother's Name: _____ **Email:** _____

Home Address: _____ **Post Code:** _____

Home Phone: _____ **Mobile:** _____

Occupation: _____ **Hours of Work:** _____

Place of Work: _____ **Work Phone:** _____

Father's Name: _____ **Email:** _____

Home Address: _____ **Post Code:** _____

Home Phone: _____ **Mobile:** _____

Occupation: _____ **Hours of Work:** _____

Place of Work: _____ **Work Phone:** _____

Marital Status: (please circle)

Single Married Separated Divorced Widowed De Facto

Language spoken in the home: _____

Country of Birth: Mother _____ Father _____ Child _____

Is the child of Aboriginal descent? Yes No

Other persons living in the home, including other children/siblings, grandparents

Name	Age (of children)
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_____	_____
_____	_____
_____	_____

Is either parent of the child sick or incapacitated? Yes No

If yes, please give details:

Who currently cares for your child during the day? (Please circle)

Friend Family Day Care Child Care Centre Family Not in Care

Are there any special circumstances that make urgent the enrolment of your child?

Desired date of commencement: _____

I enclose my \$25.00 non-refundable application fee.

Signature of Parent/Guardian _____ **Date** _____

Please return to:

The Nominated Supervisor

Carlingford Multipurpose Learning Centre, Rickard St Carlingford NSW 2118.

Please debit my Mastercard/Visa the \$25.00 waiting list fee

Card No _____ **Card Exp Date:** _____

Signature: _____

Priorities for filling vacant places (Priority of Access Guidelines for Childcare Services)

When filling vacant places, a service must fill them according to the following priorities

Priority 1: a child at risk of serious abuse or neglect

Priority 2: a child of a single parent who satisfies, or of parents who both satisfy the work, training, study test

Priority 3: any other child

Office Use Only:

Evidence of Priority Y/N _____ Priority Number _____ Dates Centre Contacted: _____