Waiting List Application

100 Rainbow Street, Randwick 2031

 Phone: 9399 3535 email: hello@rselc.com

Child’s surname First name

Date of Birth ………………………………………….

**Do you require?**

**FULL TIME:** 5 Days □ Monday - Friday

**PART TIME:** 3 Days □ Monday- Wednesday **OR** □ Wednesday – Friday

 2 Days □ Monday – Tuesday **OR** □ Thursday – Friday

Are these days flexible? Yes □ No□

When would you like attendance to commence ………/………/……?

**………………………………………………………………………………………………………………….**

**Parent one Parent two**

Name Name

Address Address

Email Email

Phone (M) Phone (M)

Phone (W) Phone (W)

Phone (H) Phone (H)

Occupation Occupation

Languages spoken Languages spoken

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The Australia Governments priority of access guidelines are: 1. Child at risk 2. Child with parents working or studying 3. Any other children.

**Please tick relevant information**

 □ Two parent family □ Single parent family □ Working full-time □ Working part-time

 □ Seeking employment □ Home duties □ Studying □ Is the child at risk?

Do you or your child have any health problems or additional needs Yes □ No□

*Details* ……………………………………………………………………………………………………………….

Are there any special circumstances? Yes □ No□

*Details …*…………………………………………………………………………………………………………….

By filling out this form your child’s name goes onto a waiting list. There is no guarantee of placement in the centre.

Applicant’s signature ……………………………………………………………… Date ………/………/………

**Waiting List Fee: $20.00 Bank Detail: Rainbow Street Child Care BSB: 062230 Acct: 00801638**