

MTK - Waitlist Application



| | | | | |
|----------------------|--------|-------------------------|-----------|----------|
| Parents Name | | | | |
| Contact Number | | | | |
| Email Address | | | | |
| Childs Name | | | | |
| D.O.B | | Nationality | | |
| Preferred start date | | Number of days required | | |
| Preferred days | Monday | Tuesday | Wednesday | Thursday |
| | | | | Friday |

** Please note: A place on our waitlist does not guarantee a position at our Centre*

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Does your child have a disability, speech delay, additional needs (i.e., any behavioural concerns) <i>This helps us put support in place before they begin to give your child the best start at MTK.</i> | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Does your child have any allergies, Dietary restrictions or Asthma / Anaphylaxis? <i>Before enrolment we will need a copy of any health management plans</i> | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|

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|---------------------------------------------------------------|----|-----------|-----------------|-----------------------------|
| Is your child of Aboriginal / Torres Strait Islander Descent? | No | Yes, both | Yes, Aboriginal | Yes, Torres Strait Islander |
|---------------------------------------------------------------|----|-----------|-----------------|-----------------------------|

| | | |
|---------------------------------------------|----|-----|
| Is English your child's first language? | No | Yes |
| If no, what is your child's first language? | | |

| | | | |
|------------------------|--|---------------------|-----|
| Signature of Applicant | | Date of Application | / / |
|------------------------|--|---------------------|-----|

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*Admin fee - Payment needs to be processed before added to the waitlist.

| | | | |
|----------------------------------|--|------------------------|--------------------|
| Deposit taken - \$20 (admin fee) | | Date deposit processed | ____ / ____ / ____ |
|----------------------------------|--|------------------------|--------------------|

When administration fee has been received, your child's name will be placed on the waiting list. The waiting list order is determined by the admin fee is processed. The Centre is unable to guarantee your preferred starting date and may need to offer you the position earlier than required. If you decline to accept the position earlier than needed, you may find your child's position will be re-assigned further down the waiting list

Administration fees are non-refundable.

Payments can be made into the below account: (use your name and the word 'waitlist' as the reference)

| Account Name | BSB | Account Number |
|----------------|---------|----------------|
| Leekin Pty Ltd | 082-439 | 185 611 632 |

Office Use Only

Priority of Access

These are the enrolment priority of access guidelines of the federal government. Please tick which applies to you and your child

| | |
|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Priority 1 | A child at risk of serious abuse or neglect |
| <input type="checkbox"/> Priority 2 | A child of single parent who satisfies, or of parents who both satisfy, the work, training, study test under section 14 of the A New Tax System (family assistance) ACT 1999 |
| <input type="checkbox"/> Priority 3 | Any other child |

MTK to Parent Communication

| Date | Comment |
|------|---------|
| | |
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|----------------|--|-------|--------------------|
| Educator Name: | | Date: | ____ / ____ / ____ |
|----------------|--|-------|--------------------|