

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*

<p>Does your child have a disability, speech delay, additional needs (i.e., any behavioural concerns)</p> <p><i>This helps us put support in place before they begin to give your child the best start at MTK.</i></p>				
<p>Does your child have any allergies, Dietary restrictions or Asthma / Anaphylaxis?</p> <p><i>Before enrolment we will need a copy of any health management plans</i></p>				
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	____ / ____ / ____
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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 then 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

• Priority 1	A child at risk of serious abuse or neglect
• 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
• Priority 3	Any other child

MTK to Parent Communication

Date	Comment

Educator Name:		Date:	____ / ____ / ____
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