Waiting List Application

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| --- |
| Office Use Only |
| Group/Year: Date received: / / |

# Part 1: Child’s Details

|  |  |  |
| --- | --- | --- |
| Family name: | Date of Birth: / / | [ ]  M [ ]  F |
| Given names: | Usually called: |  |
| Address: |  |  |
| Country of Origin/ Cultural background: |  |  |
| Language(s) spoken in the home: |  |  |
| Does your Child have a Health Care Card?  | [ ]  No [ ]  Yes (Please provide details)  |
|  |  |
| Does your child have any additional needs?  | [ ]  No [ ]  Yes (Please provide details)  |
|  |  |
| Have you had another child attend our service?  | [ ]  No [ ]  Yes (Please provide details)  |
|  |  |

# Part 2: Parent/Guardian Details

|  |  |  |
| --- | --- | --- |
| Parent 1 / Guardian 1 (Primary contact) |  | Parent 2 / Guardian 2 |
| Title: Date of Birth: / / |  | Title: Date of Birth: / / |
| Given Name(s) |  | Given Name(s) |
| Family Name: |  | Family Name: |
| Address: |  | Address: |
|  |  |  |
| Home phone: Work phone: Mobile:  |  | Home phone: Work phone: Mobile:  |
| Email: |  | Email: |
| Preferred method for correspondence: [ ]  Email [ ]  Post |  |  |
| Occupation: |  | Occupation: |
|  |  |  |
| [ ]  Full time [ ]  Part time [ ]  Casual[ ]  On Leave [ ]  Studying |  | [ ]  Full time [ ]  Part time [ ]  Casual[ ]  On Leave [ ]  Studying |

# Part 3: Priority of Access

Priority of access guidelines for centre-based long day care service set by the commonwealth government are:

**Priority One:** A child at risk of serious abuse or neglect

**Priority Two:** A child of a single parent who satisfies, or of parents who both satisfy the work/training/study test.

 Under section 14 of the Family Assistance Act 1999

**Priority Three:** Any other child

To allow us to determine your child’s priority on our waiting list, 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 disabled person

[ ]  Children in families on low incomes

[ ]  Children in families with non-English speaking background

[ ]  Children in socially isolated families

[ ]  Children of single parents

Within these guidelines, Isabel Henderson Kindergarten will give the following groups priority:

1. Children of IHK Employees
2. Children of families currently living families in North Fitzroy
3. Children of current or past families of Isabel Henderson (within 2 years of last child’s attendance)
4. Children of parents working in North Fitzroy

# Part 4: Application Details

Please indicate your preference below.

|  |
| --- |
| [ ]  Three Year Program – Year required: Days required: |
| [ ]  Four Year Program – Year required: Days required: |

Applications can be taken from birth; all programs offered are subject to yearly review. We will seek further information from you in the year prior to your child’s intended enrolment regarding your preferences.

# Part 5: Applicant Declaration

I declare that all the information I have provided is true and correct.

|  |
| --- |
| Applicant Name (Please print):  |
| Applicant Signature: Date: / / |

# Part 6: Lodgement Details

Lodgement of this form does not guarantee enrolment. You can lodge the completed application by:

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| --- |
| Email: isabel.henderson.kin@kindergarten.vic.gov.au |
| In person, or by mail: 259 Rae St North Fitzroy VIC 3068 – Monday to Friday 10am to 4pm |

A non-refundable waitlist application fee of $50.00 applies.
You may pay by Eftpos, cheque/ money order or by direct deposit:

|  |
| --- |
| Isabel Henderson Kindergarten Inc BSB: 083-004 Acc No: 51-551-4238 Reference: (Child’s Name) |