

## Waiting List Application

### 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)

Title: Date of Birth: / /

Given Name(s)

Family Name:

Address:

Home phone: Work phone:

Mobile:

Email:

Preferred method for correspondence:

☐ Email ☐ Post

Occupation:

☐ Full time ☐ Part time ☐ Casual

☐ On Leave ☐ Studying

#### Parent 2 / Guardian 2

Title: Date of Birth: / /

Given Name(s)

Family Name:

Address:

Home phone: Work phone:

Mobile:

Email:

Occupation:

☐ 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:

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:

Email: [ihk@kindergarten.vic.gov.au](mailto:ihk@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)