



## Waiting List Application Form

CHILD'S DETAILS										
First Name (s):					Surname:					
Date of birth:							Gender:			
Current address:										
PARENTS/GUARDIAN DETAILS										
Parent/Guardian 1 full name:										
Address (if different to child):										
Email:										
Phone (m):				(h):			(w):			
Parent/Guardian 2 full name:										
Address (if different to child):										
Email:										
Phone (m):				(h):			(w):			
CARE REQUIRED										
When do you require care to commence:										
Are you prepared to take one day at a time as vacancies arise: <input type="checkbox"/> Yes <input type="checkbox"/> No										
Number of days you require per week				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5		
Age Group:										
Preferred days:										
Option 1	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday
Option 2	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday
Please provide any other relevant details about your care requirements eg: flexibility										
PRIORITY OF ACCESS										
Please tick relevant priority of access as per guidelines issued by the Department of Communities										
<input type="checkbox"/>	<b>First Priority</b>		(child at risk of serious abuse or neglect)							
<input type="checkbox"/>	<b>Second Priority</b>		(child of a single parent or of parents who are both at work/studying/training)							
<input type="checkbox"/>	<b>Third Priority</b>		(any other child)							
SUBMIT										
Email completed form to <a href="mailto:childcare@silkyoaks.org.au">childcare@silkyoaks.org.au</a> or click <b>SUBMIT FORM</b> .									<b>SUBMIT FORM</b>	
OFFICE USE ONLY										
Year:					Group:					
Date		Contact Person			Notes					