



Building Futures Montessori

Waiting List Application Form

(Office Use: Fee received. ____/____/____ Date received.)

Parent One: *(This is to be completed by the parent who will be linked to the Family Assistance Office (FAO) for Child Care Benefit (CCB) and Child Care Tax Rebate (CCTR) purposes. The name on this form MUST be the same as the name you have or will register with at the Family Assistance Office. If the names are not the same your information will not be able to be cross referenced electronically and you may not receive CCB or CCTR.)*

Surname: _____ First Name: _____ Middle Name: _____ DOB: ____/____/____

Phone: (H) _____ (W) _____ (M) _____

Email: _____ Occupation: _____

Relationship to child: _____

Address: _____

_____ Postcode: _____

CRN/DSS (If known): _____

Parent Two: (or other guardian living with the child)

Surname: _____ First Name/s: _____ DOB: ____/____/____

Phone: (H) _____ (W) _____ (M) _____

Email: _____ Occupation: _____

Relationship to child: _____

Address: _____ Postcode: _____

Non Resident Parent: Is this parent authorised to collect? Yes No

Full Name: _____ Please circle: *Mother* *Father*

Address: _____ Phone Number at that address: _____

How often is the child at this address? _____

Work Place and Phone: _____ Mobile: _____

CHILDREN FOR ENROLMENT

1. FAMILY NAME: _____ **FIRST NAME/S:** _____ M/F

DATE OF BIRTH: ____/____/____ NUMBER OF DAYS REQUIRED: (Please circle) 1 2 3 4 5

DAYS OF CARE **REQUIRED** FOR WORK COMMITMENTS: (Please circle) Mon Tue Wed Thur Fri

CRN/DSS (If known): _____ Preferred Start Date: ____/____/____

2. FAMILY NAME: _____ **FIRST NAME/S:** _____ M/F

DATE OF BIRTH: ____/____/____ NUMBER OF DAYS REQUIRED: (Please circle) 1 2 3 4 5

DAYS OF CARE **REQUIRED** FOR WORK COMMITMENTS: (Please circle) Mon Tue Wed Thur Fri

CRN/DSS (If known): _____ Preferred Start Date: ____/____/____

Please add any additional children's details on another piece of paper.

Office Use Only: Family Code: _____ Child 1: _____ Child 2: _____ Child 3: _____

Due to Government Regulations, priority of places must be allocated according to a list of needs. As these are a "rough" order of priority, please tick only **one** box.

- Child/ren are at risk of abuse and are being referred by State Government (Highest Priority/ ONE)
- Both (or sole parent) are working, seeking work, studying or training. (Priority TWO)
- A parent or child in the family has a disability. (Priority THREE)
- A parent (not working) has been encouraged by a doctor or counsellor to seek respite care. (Priority THREE)
- There are a number of young children in the home. (Priority THREE)
- The family is seeking an educational program for a young child. (Priority THREE)
- Other: please indicate: _____

Our Service has an internal priority of placement policy within each of these categories.

OTHER CONTACTS

Please provide details of other parents, grandparents, aunts and uncles who may be in contact with you should we have difficulty in reaching you:

FULL NAME: _____ **PHONE:** _____

ADDRESS: _____

FULL NAME: _____ **PHONE:** _____

ADDRESS: _____

Please complete the questions below:

How did you find out about our centre?

Mailbox leaflet Newspaper ad Yellow Pages Saw the sign Word of Mouth (who? _____)

Internet Other _____

What times of the day would you be likely to drop off and collect your child:

From: _____ am **To:** _____ pm

What schooling plans have you made for your child/ren?



We look forward to building a great partnership with you in the care and education of your child.