



**KURILPA COMMUNITY CHILD CARE CENTRE INC**

136 Gray Road, West End. Qld 4101  
Ph. (07) 3844 4672 Fax (07) 3844 0175  
Email: [mail@kurilpaccc.org.au](mailto:mail@kurilpaccc.org.au) www.kurilpaccc.org.au

**WAITING LIST APPLICATION**

Please keep the centre informed of any changes in your circumstances or changes to personal details below to keep your application current. There is a \$10.00 administration fee payable with this form.

CHILD'S NAME: _____	DATE OF BIRTH: _____
ADDRESS: _____	EMAIL: _____
HOME PHONE NO: _____	
PARENT NAME: _____	PARENT NAME: _____
<b><u>Contact Numbers</u></b>	<b><u>Contact Numbers</u></b>
Work: _____	Work: _____
Mobile: _____	Mobile: _____

**DETAILS OF CARE REQUIRED:** **\*\*Please note:** Bookings must be for a minimum of 2 days.

**Preferred Start Date:** \_\_\_\_\_

**Days Required:** (please circle)    **MON.**        **TUES.**        **WED.**        **THURS.**        **FRI.**

**Comments:** (e.g. preferred days, other children attending centre, etc) \_\_\_\_\_

The Commonwealth Government provides a priority of access guideline to all Long Day Care centres in Australia

**Please select which category your family fits into**

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

**Priority Two** – A child of a single parent who satisfies, or parents that **both** satisfy, the work/training/study test under section 14 of the Family Assistance Act. That is, working (including work as a carer) seeking employment, studying or training or on leave related to employment.

**Priority Three** – Any other child. For example, a child who's parents have chosen to stay at home.

**Priority will also be given to the following children**

a) Children in Aboriginal or Torres Strait Islander families        b) Children in families which include a disabled person

c) Children in families on lower incomes        d) Children in families with a non-English speaking background

e) Children in socially isolated families        f) Children of single parents

**Please circle any of the above that apply to your children**    a    b    c    d    e    f

I agree that the information provided on this form is a true and accurate reflection of my child's and family's needs

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_ / \_\_\_ / \_\_\_ FEE PAID \$ \_\_\_\_\_

**Office Use:** *RECEIPT NO:* \_\_\_\_\_ *RECEIVED BY:* \_\_\_\_\_ *DATE:* \_\_\_\_\_ *MAILOUT LIST* \_\_\_\_\_