Important Information
Applications must be completed in full
A fact sheet has been attached for families to read, prior to completing the waiting list form, outlining the waiting list procedure.

Priority of Access Guidelines Information
Commonwealth Government Priority listing scheme requires potential families to identify whether they classify under any of the following categories (Please tick one box in each column)

☐ Priority 1 – A child at risk of abuse or neglect
  ☐ - Children in Aboriginal and Torres Strait Islander Families

☐ Priority 2 – A child of a single parent who satisfies, or of a parent who both satisfy the work/training/study test under Section 14 of the Family Assistance Act
  ☐ - Children in families which include an individual whose taxable income percentage under clause 7 of Schedule 2 to the Family Assistance Act is 100%
  ☐ - Children in families with non-English speaking background

☐ Priority 3 – Any other child
  ☐ - Children in socially isolated families
  ☐ - Children of single parents
  ☐ - None of the above
Child Information

Surname: __________________  First Name: __________________

Address: ___________________________________________  Postcode: ___________

Date of Birth: ____________  Is child currently attending another service: ______

When is Care required?   Month:   Year:   

Is there any other information you feel we should know (eg special needs or disabilities). Please provide details:


Parent Information

PARENT 1

Surname: ______________      First Name: __________________

Address: ___________________________________________  Postcode: ___________

Phone (Home) : _____________ Phone (Work):____________ Mobile ____________

Email: _____________________________

Work Status:  Working  Seeking work  Study  Home

Occupation: _______________________________________

PARENT 2

Surname: ______________      First Name: __________________

Address: _____________________  ____________________  Postcode: ___________

Phone (Home) : _____________ Phone (Work):____________ Mobile ____________

Email: _____________________________

Work Status:  Working  Seeking work  Study  Home

Occupation: _______________________________________

Number of days required:  

Monday  Tuesday  Wednesday  Thursday  Friday

Declaration

I agree to inform Daisy Learning Centre of any changes to the above information. I have read and fully understand all the information contained in this application and understand that all information is true and correct.

Signature: __________________  Date: __________________