



WAITING LIST APPLICATION FOR LADY GOWRIE CHILD CENTRE

Date of Application:

Please select the Service:

- | | |
|---|---|
| <input type="checkbox"/> Love Street Child Centre | <input type="checkbox"/> Thursday Island Child Centre |
| <input type="checkbox"/> Quarry Street Child Centre | <input type="checkbox"/> Dysart Child Centre |
| <input type="checkbox"/> Warry Street Child Centre | <input type="checkbox"/> Barcaldine Early Years Service |
| <input type="checkbox"/> Waratah Drive Child Centre | <input type="checkbox"/> Blackall Early Years Service |
| <input type="checkbox"/> Kennedy Place Child Centre | |

Child's Name: Gender:
(Surname) (Christian Name)

Date of Birth:

Date from which care is required:

Days required: MON TUES WED THURS FRI
(Priority may be given to full time care)

PARENT INFORMATION

Parent/Guardian 1:

Address: Postcode:

Telephone: (Home)..... (Work)(Mobile).....

Email:

Parent/Guardian 2:

Address: Postcode:

Telephone: (Home)..... (Work)(Mobile).....

Email:

Parent work / study status (Please circle whichever is applicable)

Parent/Guardian 1

<u>Work</u>	<u>Study</u>
Full Time	Full Time Part
Part Time	Time

Parent/Guardian 2

<u>Work</u>	<u>Study</u>
Full Time	Full Time
Part Time	Part Time

Reasons for requiring care other than as indicated above:

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.....
.....

(Please give as much information as appropriate, giving consideration to the Priority of Access guidelines attached.)
PLEASE NOTE THAT FULL TIME CARE MAY NOT BE OFFERED UNLESS PARENT/S ARE WORKING OR TRAINING FULL TIME.

If any of the above information varies, please notify the Office of the Lady Gowrie Child Centre, as a change in your worksituation or other reason for your requiring care may affect priority of access. It should also be noted that evidence of your reason for requiring care may be requested should a position in the Child Care Centre becomes available.

Parents Signature Date

OFFICE USE ONLY: Date Received: