



APPLICATION FOR WAITING LIST

Fee - \$20.00

Child's Given Name:.....**Child's Family Name:**.....

M/F:.....**D.O.B.:**.....**Address:**.....

.....**Postcode:**.....

Home Phone:..... **Language Spoken at Home:**.....

Parent 1 (Centrelink Claimant) **Name:**..... **Family Name:**

Address:.....

Postcode:..... **Home/Work Phone:**..... **Mobile:**.....

Email:

Parent 2 **Name:**..... **Family Name:**.....

Address:.....

Postcode:..... **Home/Work Phone:**..... **Mobile:**.....

Email:

What type of care are you interested in? (Please circle)

Joeys 0-2's and Kookaburras 2-3's:

8am-6pm or 9am-4pm

Koalas Preschool 3-5's:

8am-6pm or 9am-4pm

Wombats Preschool 3-5's:

8am-6pm or 9am-3pm

When is care required for your child? (Year and Month):.....

What days do you require care? (please circle) Mon Tues Wed Thurs Fri

| |
|---|
| <p>Waitlist Fee: \$20 Account Name: Strathfield Onestop Child Care Service BSB: 062-314 Account Number: 1016 6837 Reference/Description: Child's Name</p> |
|---|

Priority of Access

This determines the priority of placement for your child at SOCCS.

| | |
|-----------------|--|
| First Priority | A child at risk of serious abuse or neglect |
| Second Priority | A child of a single or two parent family who satisfies the work/training/study test under Section 14 of the Family Assistance Act. |
| Third Priority | Any other child. |

Within each category* mentioned above, the following children will be given priority :

- Children in Aboriginal and Torres Strait Islander families
- Children in families which include a disabled person
- Children in families whose CCB percentage is 100%
- Children in families with a non-English speaking background
- Children in socially isolated families
- Children of single parents

* the above list is not in any particular priority order and children may fall into more than one category.

Please answer the following questions :

- | | |
|---|--------|
| - Are you of Aboriginal or Torres Strait Islander background? | Yes/No |
| - Are you a family with both parents who satisfy the work/study conditions? | Yes/No |
| - Are you a single parent who satisfies the work/study conditions? | Yes/No |
| - Are you or your partner disabled? | Yes/No |
| - Does your child or another child in the family have additional needs? | Yes/No |
| - Are you from a non-English speaking background? | Yes/No |

Is there any additional information you feel we should know?

.....

.....

Your agreement:

Please note: If you fail to notify Strathfield One Stop Child Care Service of any changes of address or telephone numbers you may forfeit your child's place on the waiting list.

*"I understand the **priority of access** conditions and agree to notify SOCCS should my circumstances change. I also am aware that my position may be reviewed due to the conditions outlined in the **priority of access** guidelines".*

Signature: _____

Date: _____