



WAITING LIST APPLICATION

Thank you for your interest in Kamalei Children's Centre. How did you find out about us: _____

Please complete this form and return it via email (or call for an appointment), along with:

1. your \$10 non-refundable waiting list application fee.
2. copy of your child's up to date immunisation status or valid exemption .
3. copy of Centrelink notice of assessment for CCB/CCR

All information provided remains confidential and is used for the purpose of placing your child on the waiting list at either of Kamalei Children's Centre's services.

K1 (Preschool 3-5 years)

7 Centennial Road, Bowral 2576 0248 624439

K2 (Early Years 6 weeks - 3 years)

15-17 Kirkham Road, Bowral 2576 0248 622624

Estimated start date: _____ Does your child attend another service: _____

Preferred Days: Monday Tuesday Wednesday Thursday Friday No. of days required: _____

Are the selected days Flexible: YES NO Willing to take days as they become available: YES NO

CHILD'S DETAILS

Given name: _____ Family Name: _____ CRN: _____

Address: _____ Postcode: _____

Age: _____ DOB: _____ Male Female Aboriginal Torres Strait Islander

PARENT / GUARDIAN DETAILS

	Parent / Guardian 1	Parent / Guardian 2
CRN (for parent claiming CCB only)		
Given Name		
Family Name		
Address		
Phone (home/work)		
Mobile		
Email		
Relationship to child		
Date of Birth		
Employment Status	F/time P/time Student Seeking Home duties	F/time P/time Student Seeking Home duties
Occupation		
Usual days of work		
Languages spoken at home		

Does your child have any test reports from any of the following services, or currently attending any of the following services? Please indicate all services:

- | | |
|---|---|
| <input type="checkbox"/> Medical Reports | <input type="checkbox"/> Vision Check |
| <input type="checkbox"/> Basic Developmental Assessment | <input type="checkbox"/> Hearing check |
| <input type="checkbox"/> Psychological Assessment | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Speech Pathology | <input type="checkbox"/> Special Play Group |
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Respite Care |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Using disability allowance |

Please give details and attach copies of reports: _____

I declare that the information I have provided is correct and I understand that if I fail to notify the Service of any changes to these details, I may forfeit my child's place on the waiting list.

Parent/ Guardian's Signature: _____ Date: _____

Kamalei Children's Centre is required to comply with the **Australian Government Priority of Access Guidelines**. These are:

- | | |
|-----------------|---|
| First Priority | a child at risk of serious abuse or neglect. |
| Second Priority | a child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under Section 14 of the Family Assistance Act. |
| Third Priority | any other child. |

Within these main categories priority will also be given to the following children:

- ◆ children in Aboriginal and Torres Strait Islander families;
- ◆ children in families which include a disabled person;
- ◆ children in families on low incomes;
- ◆ children in families from culturally and linguistically diverse backgrounds;
- ◆ children in socially isolated families; and
- ◆ children of single parents.

There are some circumstances in which a child who is already in a child care service may be required to leave the service or change days due to priority of access obligations. Should this be required, 14 days notice will be given.

A \$10 non-refundable waiting list application is required to secure a place on the waiting list. forms received without payment will not be processed. Please use the following transfer details:

Kamalei Children's Centre
BSB 112 879
ACC 4568 39533
REF (Your Child's Full name)

OFFICE USE ONLY:

Payment received: _____ Date: _____

Details entered: _____