



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 receipt.**
2. **copy of your child's up to date immunisation status or valid exemption**

All information provided remains confidential and is used for the purpose of placing your child on the waiting list at Kamalei Children's Centre's service. Kamalei Preschool (3-5 years) 7 Centennial Road, Bowral 2576 0248 62449

Date you would like to start: _____ 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

Child's 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 CCS only) <small>This number is different from your child's</small>		
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		
Additional Information:		

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 or up to date immunisation status 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: _____