

**TQEH COMMUNITY CHILD CARE CENTRE
CHILD CARE WAITING LIST APPLICATION**

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CHILD'S DETAILS

Family Name: _____ Other: _____
 First Name: _____
 Date of birth: ____/____/____ or expected birth: ____/____/____ Gender: **F / M**

PROPOSED BOOKING DETAILS

Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.

Arrive: _____
 Depart: _____
 From: ____/____/____ for: ____ weeks / or until: ____/____/____ or Ongoing (tick)

ACCESS GUIDELINES

As a child care service which receives Child Care Benefit from the Commonwealth Government, we abide by the priority of access guidelines set by the Department of Family and Community Services. To help us equitably fill vacant places, please tick the appropriate priority boxes below:

- Child at risk of abuse or neglect OR family in crisis.
- Child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test.
- Any other child.

Within the main categories above, priority should also be given to the following:

- Children in an Aboriginal or Torres Strait Islander family.
- Children in a family which includes a disabled person.
- Children in a family which includes an individual whose adjusted taxable income does not exceed the lower income threshold, or who or whose partner is on income support.
- Children in a family from a non-English speaking background.
- Children in a socially isolated family.
- Children of a single parent family.

A child care service may require a Priority 3 child to vacate a place to make room for a child with a higher priority. They can only do so if you: are notified when your child first entered care that your service follows this policy. are given at least 14 days notice of the need for your child to vacate.

PARENT/GUARDIAN APPLYING

Name: _____
 Relationship to child: _____ Contact Priority: Primary Language: _____
 Address: (h) _____ (w) _____ (m) _____
 Phone: (h) _____ (m) _____
 Email: _____

APPLICATION

I wish to apply for child care placement as detailed at this service. I understand that I must apply to FAO/Centrelink for Child Care Benefit if I intend to claim such benefit. (CCB application forms are available at the service and FAO). I understand that to maintain this place on the waiting list, I / We need to contact the Director of the service at least every three months to confirm our continuing interest. Not doing so will mean the deletion of this application from the waiting list.

Parent / Guardian signature: _____ Date: ____/____/____

How did you find out about this service ?

OFFICE USE ONLY

Date	Notes
____/____/____	_____
____/____/____	_____
____/____/____	_____
____/____/____	_____
____/____/____	_____
____/____/____	_____
____/____/____	_____

Interviewed by Director Has Handbook CCB informed
 Interim Booking Contract sent Returned Input to Booking System