



62-64 Styles Street
Leichhardt, NSW 2040
Phone: 9560 7847 *or* 9569 6510

APPLICATION FOR WAITING LIST

NOTE:-

By filling out this form and paying the administration fee, your child's name goes on a waiting list. You will be contacted when a position becomes available. Unfortunately, there is no guarantee that you will be offered a place exactly at the date you have requested.

It is a good idea to apply to other centres for positions. Leichhardt Council can provide a list of Childcare Centres in the municipality which you may wish to try.

**AN ADMINISTRATION FEE OF \$20 IS PAYABLE TO LODGE THIS FORM FOR YOUR FIRST CHILD. FOR SIBLINGS, THE ADMINISTRATION FEE IS \$15.
*THIS FEE IS NOT REFUNDABLE.***

Date:

Child's Surname:

Given Name:

Date of Birth:Gender: *Male* [] *Female* []

Address:
.....

Home phone no.

Parent 1 - name:

Work phone no. / Mobile:

Email:

Parent 2 - name:

Work phone no. / Mobile:

Email:

We currently open from 7.30 am to 6.00 pm = please circle your preferred days of attendance:

Mon + Tues

Thurs + Fri

Mon, Tues + Wed

Wed, Thurs + Fri

Full Time (5 days per week)

No preference / flexible

Comments:

When would you like your child to start care?

To comply with Government and Funding regulations in regard to priority of access, you are requested to supply the following information:

Are you.....(please circle)

Parent 1 Working F/T / Working P/T / Studying F/T / Studying P/T / Seeking employment

Parent 2 Working F/T / Working P/T / Studying F/T / Studying P/T / Seeking employment

Is your child of Aboriginal and/or Torres Strait Islander origin?

(please tick only one box)

- No, not Aboriginal or Torres Strait Islander
- Yes, Aboriginal and Torres Strait Islander
- Yes, Aboriginal
- Yes, Torres Strait Islander

Are you a single parent? Y / N

Do you, your child or any members of your family have any additional needs, disabilities, medical conditions?

.....
Are there any other special circumstances?

.....

Do you hold a low income health Care Card Y / N

What language/s is/are spoken at home? _____

Please sign me up to the Styles Street newsletters []

NOTE:

Childcare subsidies that you receive are income and activity tested. Details of the Child Care Subsidy scheme can be obtained from the Family Assistance Office (inside any Medicare office), or telephone 136 150.

SURVEY

Where did you find out about Styles Street?

(Please tick)

Friend / Word of mouth []

Yellow Pages []

Off the street / sign []

Sibling attends []

Web site []

Brochure []

APPLICANT'S SIGNATURE:

PLEASE NOTE:

If your circumstances, or contact details change at all, it is your responsibility to let the Centre know.

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OFFICE USE ONLY:

Date received:

Receipt no.:

Noted in computer []

Noted in Wait list []

Comments

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