

WAITING LIST - OUTSIDE SCHOOL HOURS CARE

Child's Details

Given Name: _____ Family Name: _____

Other/Former Names: _____

Address: _____

Date of Birth: _____ Gender: Male Female

Parent/Guardian Details

	Parent/Guardian 1	Parent/Guardian 2
Given Name:		
Family Name:		
Former/Other Names:		
Relationship to Child:		
Phone (Home):		
Phone (Work):		
Phone (Mobile):		

Service you are interested in: _____

Child's school: _____ Teacher's Name: _____

Required start date: _____ Hours required: _____

Preferred days: Monday Tuesday Wednesday Thursday Friday

If you require less than 5 days per week, are you prepared to accept any days that are allocated?

Yes, I would be happy to take any days available No, I require the days above

Priority of access

The following questions are necessary to determine your priority rating. Please answer honestly. If you answer yes to any of the following, you may be required to provide proof under Section 14 of the Family Assistance Act.

- Priority 1 A child at risk of serious abuse or neglect
Priority 2 Are you a single parent who is working?
 Are you a family with parents working?
 Are you studying for future employment?
 Are you seeking employment or training?
Priority 3 Any other child

I understand the Priority of Access conditions outlined and agree to notify the centre should my circumstances change.

Does your child have additional needs?: YES / NO

If yes, please specify: _____

Parent/Guardian

Signature: _____ Date: _____

Relationship to child: _____

Staff member

Signed: _____ Name: _____ Position: _____

Please return this form to your nearest centre, by post to Illawarra Children's Services, PO Box 475, Corrimal NSW 2518, by fax to 02 4283 9901 or by email to info@ics.org.au.