Conyngham Street Community Children's Centre Inc.

# CHILD CARE WAITING LIST APPLICATION

34 Conyngham Street GLENSIDE
SA 5065
08 8379 3292

## CHILD'S DETAILS

Family Name:

First Name: Other:

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 boxes below:

- Child at risk of abuse or neglect OR Family in crisis.
- Family with recognised work or work-related commitments.
- Family with greatest need for child care support.

## PARENT/GUARDIAN APPLYING

Name:

Relationship to child: Contact Priority: Primary Language:

Address: (h)

Phone: (h) (w) (m)

Email:

## APPLICATION

I wish to apply for placement as detailed at the Conyngham Street Community Children's Centre Inc. .

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 |
|---|---|
| __/__/____ | |
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Interviewed by Director Has Handbook CCB informed

Interim Booking Contract sent __/__/____ Returned Input to Booking System



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