

## Waiting List



The Tree House  
Early Childhood Centre



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### Child – Details

Given Name:  Family Name:

Date of Birth OR  Expected date of Birth \_\_\_/\_\_\_/\_\_\_  Male  Female

Residential Address:

### Preferred Attendance

Date care is required from:

**Tick 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

Are you flexible with your start date?  Yes  No

### 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):		
Email:		

### Please tick the applicable 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:

Date: \_\_\_/\_\_\_/\_\_\_

Signature: