



Occasional Child Care Waitlist

Application Form-Preferred day-Monday Thursday - am or pm (circle)

Date of Application: _____

Child's Name _____ Male Female

Date of Birth: _____

Address: _____ Postcode _____

Home Phone: _____

Email address _____

PARENT'S DETAILS – Where details are the same please write “as above”.

Parent One

Full Name.....

Address.....

Phone.....

Mobile.....

Occupation.....

Work Address.....

Work Phone.....

Parent Two

Full Name.....

Address.....

Phone.....

Mobile.....

Occupation.....

Work Address.....

Work Phone.....

Does your child have any developmental delays/disabilities, or challenging behaviours, or health problems, or medical conditions that may need particular support to ensure progressive development whilst at Occasional Child Care?

Is your child from a ATSI (Aboriginal or Torres Strait Islander) or CALD (Culturally and Linguistically Diverse) background? ATSI Yes No

CALD Yes No

The following questions are optional and are for Survey purposes only.

Is your application for Occasional Child Care hours related to:

Care due to work commitments

Care to enable you to be freed for activities without children

Care to supplement your child's progressive development (particularly social development)

Applicant's Name.....Signature.....