



Occasional Child Care Waiting List

Application Form - Preferred day - *Thursday* *Friday*

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: (home) Mobile.....

Occupation.....

Work Address.....

Work Phone.....

Parent Two

Full Name.....

Address.....

Phone: (home) 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 LBOTE (Language background other than English) background? ATSI Yes No

LBOTE Yes No

Current legislation requires that all children enrolling in Occasional Care are fully immunised, and evidence, in the form of a Medicare Immunisation History Form, must be provided. Is your child fully immunised Yes No

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