

# Daisy Learning Centre



**2 Tennyson St,  
Campsie 2194  
(entrance via Shelley St)**

## WAITING LIST APPLICATION FORM

### **Important Information**

Applications must be completed in full

A fact sheet has been attached for families to read, prior to completing the waiting list form, outlining the waiting list procedure.

### **Priority of Access Guidelines Information**

Commonwealth Government Priority listing scheme requires potential families to identify whether they classify under any of the following categories (Please tick one box in each column)

- Priority 1 – A child at risk of abuse or neglect**
- Children in Aboriginal and Torres Strait Islander Families
- Priority 2 – A child of a single parent who satisfies, or of a parent who both satisfy the work/training/study test under Section 14 of the Family Assistance Act**
- Children in families which include an individual whose taxable income percentage under clause 7 of Schedule 2 to the Family Assistance Act is 100%
- Children in families with non-English speaking background
- Priority 3 – Any other child**
- Children in socially isolated families
- Children of single parents
- None of the above

**Child Information**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Is child currently attending another service: \_\_\_\_\_

When is Care required? Month:  Year:

Is there any other information you feel we should know (eg special needs or disabilities).  
Please provide details:

**Parent Information**

**PARENT 1**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (Home) : \_\_\_\_\_ Phone (Work): \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

Work Status:  Working  Seeking work  Study  Home

Occupation: \_\_\_\_\_

**PARENT 2**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (Home) : \_\_\_\_\_ Phone (Work): \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

Work Status:  Working  Seeking work  Study  Home

Occupation: \_\_\_\_\_

**Number of days required:**

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Declaration**

I agree to inform Daisy Learning Centre of any changes to the above information. I have read and fully understand all the information contained in this application and understand that all information is true and correct.

Signature:  Date: