

# BAYSIDE PARK EARLY EDUCATION CENTRE **WAITING LIST** FORM

<b>HOW DID YOU FIND OUT ABOUT US?</b>	<input type="checkbox"/> Website <input type="checkbox"/> Spotted from Road <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Word of Mouth: (who?) _____

<b>CHILD DETAILS</b>	<b>SURNAME</b>				<b>Application Date</b> ____/____/____	
	<b>GIVEN NAME/S</b>					
	<b>ADDRESS</b>					
	<b>DATE OF BIRTH</b>	____/____/____	<b>GENDER</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutral		
	<b>ANY ALLERGIES</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes – details:				
	<b>ADDITIONAL INFORMATION</b>	<i>Eg: Social/Emotional/Behavioural Concerns, Additional Needs, Vegetarian</i>				

<b>ENROLMENT REQUIREMENTS</b>	<b>AGE WHEN STARTING</b>	Yrs    mths	<b>ACTIVITY ROOM</b>	<input type="checkbox"/> N <input type="checkbox"/> T <input type="checkbox"/> PK <input type="checkbox"/> K <input type="checkbox"/> PP	
	<b>DAYS REQUIRED</b>	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri			<b>PREFERRED START DATE</b> ____/____/____
	<b>FLEXIBLE WITH DAYS</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes → → → <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri			
	<b>SESSION TYPE</b>	<b>SESSION TYPE</b>	<b>TIMEFRAME</b>	<b>DAILY</b>	<b>INC WRAPAROUND CARE</b>
	<input type="checkbox"/> SESSION 12	6.00am-6.00pm	12 hours	Not applicable	
	<input type="checkbox"/> SESSION 10	7.00am-5.00pm	10 hours	6.30am-5.30pm	
	<input type="checkbox"/> SESSION 9	7.30am-4.30pm	9 hours	7.15am-4.45pm	

<b>PARENT/GUARDIAN DETAILS</b>	<b>SURNAME</b>		<b>SURNAME</b>	
	<b>GIVEN NAME</b>		<b>GIVEN NAME</b>	
	<b>RELATIONSHIP TO CHILD</b>		<b>RELATIONSHIP TO CHILD</b>	
	<b>DATE OF BIRTH</b>		<b>DATE OF BIRTH</b>	
	<b>ADDRESS</b> (If same as child, write "As Above")		<b>ADDRESS</b> (If same as child, write "As Above")	
	<b>TELEPHONE</b>		<b>TELEPHONE</b>	
	<b>EMAIL</b>			

<b>PRIORITY STATUS</b>	If you know your Priority Status, please tick below: P1 <input type="checkbox"/> Child at risk of serious abuse or neglect P3 <input type="checkbox"/> Parent/Child disability/additional needs P2 <input type="checkbox"/> Aboriginal/Torres Strait Islander P2 <input type="checkbox"/> Single parent working/studying/looking for work P2 <input type="checkbox"/> Family with all parent/s working/studying/looking for work P3 <input type="checkbox"/> None of the Above	<b>OFFICE USE ONLY</b>	<input type="checkbox"/> Enrolment Fee Paid ____/____/____
	<input type="checkbox"/> Enrolment Booklet issued ____/____/____ <input type="checkbox"/> Birth Certificate copied ____/____/____ <input type="checkbox"/> Immunisation Info copied ____/____/____ <b>Placement offered/Contacted by Centre</b> <input type="checkbox"/> ____/____/____ <input type="checkbox"/> ____/____/____ <input type="checkbox"/> ____/____/____		