

BAMBINI HOUSE

WAITING LIST FORM

Date of application Priority

(office only)

Child's details:

Surname:

Other names:

Date of birth: Sex: Age:

Residential Address: Suburb:

P/code: Home Phone:

Family details:

Email address:

Mother's name:

Work Phone: Mobile:

Father's name:

Work Phone: Mobile:

Care requirements

Date care needed:

Number of Days Required: M..... T..... W..... Th F.....

(If flexible with days or commencement date, please indicate below)

Other comments:

Priority of Access

Our Centre abides by the Federal Government's Priority of Access guidelines, stating that priority must be given based on set criteria. Please specify which of the following relates to your current family situation.

☐ A family with a child in danger of abuse or neglect

☐ Both parents working

☐ Both parents studying

☐ One person not employed

☐ Aboriginal or Torres Strait Islander disabled person

leave

☐ Family with a Non-English-speaking background

☐ One parent working

☐ One parent studying

☐ Both parents not employed

☐ Family which includes a

☐ Single Parent

☐ Maternity

☐ Socially isolated

Conditions of waitlist application

- A \$20.00 non-refundable waiting list fee applies. Please pay upon lodging this application form. If your details change at all, or if you no longer need your child's name on the waiting list, would you kindly ring or email us.
- If a vacancy arises and we are unable to make contact with you by mobile or email within 48 hours, we will have to move on to the next person on the waiting list.

Signed:

Date:

THANK YOU FOR YOUR INTEREST IN BAMBINI HOUSE