

Bauer Street Community Children's Centre
76 Bauer Street, Southport Q 4215

Phone: (07) 55323 467

Fax: (07) 55264 447

Email: info@bauerstreet.com.au

WAITING LIST APPLICATION

CHILD'S INFORMATION	
Child's Surname:	Given Name:
Date of birth:Years /& Months	Male/Female:

Number of days required:

Preferred days: (please circle) M T W Th F

Are these days flexible? YES NO

When would you like to commence?

PARENT ONE		PARENT TWO	
Name		Name	
Address		Address	
P/Code		P/Code	
Phone (Home)	(Work)	Phone (Home)	(Work)
(Mobile)		(Mobile)	
(Email)		(Email)	
Occupation:		Occupation:	
Languages Spoken		Languages Spoken	
In order to comply with Department of Family and Community Service guidelines and to ensure priority of enrolment on a needs basis, the following information is required. Please tick if applicable: Working full time <input type="checkbox"/> Working part-time <input type="checkbox"/> Seeking employment <input type="checkbox"/> Studying <input type="checkbox"/> Not in paid employment <input type="checkbox"/> Other <input type="checkbox"/> Single Parent Family <input type="checkbox"/> Home Duties <input type="checkbox"/>		In order to comply with Department of Family and Community Service guidelines and to ensure priority of enrolment on a needs basis, the following information is required. Please tick if applicable: Working full time <input type="checkbox"/> Working part-time <input type="checkbox"/> Seeking employment <input type="checkbox"/> Studying <input type="checkbox"/> Not in paid employment <input type="checkbox"/> Other <input type="checkbox"/> Single Parent Family <input type="checkbox"/> Home Duties <input type="checkbox"/>	

Do you or your child have any health problems or disabilities? Yes No

Details -

Are you at home with several children? Yes No

Details -

Are there any other special circumstances? Yes No

Details -

How did you find out about our Centre?

Yellow pages Personal referral Internet Other

Name of referral _____

By filling out this form your child's name will go on to our waiting list. There is no guarantee of placement in the Centre.

Applicants signature:

Date:

WAITING LIST FORMS WILL BE KEPT ON FILE FOR 2 YEARS FROM LAST DATED CORRESPONDENCE. PLEASE KEEP IN CONTACT IF YOU WISH YOU TO RETAIN YOUR POSITION ON THE LIST (via phone/email)