



Quality Area 6: Collaborative Partnerships with Families and Communities

6.1a.1 WAITLIST FORM

Date of Application:						
Child's Name:		Surname:				
Date Of Birth:		Gender:				
Home Address:						
Home Phone No:		Email:				
Cultural Background:		Legal Guardian:				
ATTENDANCE		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Please tick days requested						
Are you flexible with these days?		Yes / No		Comments:		
Required Start Date:				If we cannot provide you with your requested days by your requested date would you like to stay on our waiting list? Yes / No		

PARENT/GUARDIAN INFORMATION:			
		PERSON 1	PERSON 2
Given name:			
Surname:			
Home phone number:			
Mobile phone number:			
Work phone number plus work contact hours:		__ : __ am to __ : __ pm	__ : __ am to __ : __ pm
Relationship to child:			
Working status: (full time, part time, casual) Where?			

Please answer yes or no to whether your child has any of the following			
		To what: Triggers?	Further detail: (early intervention services your child is accessing).
Asthma	Yes / No		
Anaphylaxis	Yes / No		
Food Allergies	Yes / No		
Food Preferences	Yes / No		
Food Intolerances	Yes / No		
Animal/Other allergies	Yes / No		
A.D.D. / A.D.H.D	Yes / No		
Gifted/Talented	Yes / No		
Difficulties with Speech	Yes / No		
Behavioural Conditions	Yes / No		
Fully toilet Trained	Yes / No		
Other	Yes / No		

We aim to be a nut free centre. We do not give the children nut based products, although some of our ingredients used 'may contain traces of nuts' as per the manufacturer's nutritional information. Do not bring any nuts or nut based products into the centre.	
Signature:	Date:

Thank you for your enquiry and we look forward to an ongoing partnership with your family in your child's education and care.