

ECE21a Waiting List Form Long Day Care



Children's Services
Since 1895

Confidential

Centre Name: KU Laurel Tree House

CHILD'S DETAILS

Child's Surname: _____

Other Names: _____

Date of Birth: _____ Country of Birth: _____

Address: _____

Postcode: _____

Language/s spoken at home: _____

PARENT/S DETAILS

Parent/Carer 1

Name: _____ Relationship to child: _____

Phone: (H) _____ (W) _____ (M) _____

Email: (H) _____ (W) _____

Country of Birth: _____ No. of dependent children: _____

Occupation: _____

Please tick

- | | |
|---|---|
| <input type="checkbox"/> Working parent | <input type="checkbox"/> Studying (name of course) _____ |
| <input type="checkbox"/> Seeking work | _____ |
| <input type="checkbox"/> Family which includes a person with Additional Needs | <input type="checkbox"/> Have a low income health care card |
| <input type="checkbox"/> Non-English speaking background | <input type="checkbox"/> Family is socially isolated |
| <input type="checkbox"/> Aboriginal or Torres Strait Islander background | <input type="checkbox"/> Single parent |

Parent/Carer 2

Name: _____ Relationship to child: _____

Phone: (H) _____ (W) _____ (M) _____

Email: (H) _____ (W) _____

Country of Birth: _____ No. of dependent children: _____

Occupation: _____

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Continued...

Please tick

- | | |
|---|---|
| <input type="checkbox"/> Working parent | <input type="checkbox"/> Studying (name of course) _____ |
| <input type="checkbox"/> Seeking work | _____ |
| <input type="checkbox"/> Family which includes a person with Additional Needs | <input type="checkbox"/> Have a low income health care card |
| <input type="checkbox"/> Non-English speaking background | <input type="checkbox"/> Family is socially isolated |
| <input type="checkbox"/> Aboriginal or Torres Strait Islander background | <input type="checkbox"/> Single parent |

ADDITIONAL INFORMATION

Does your child have an additional need? Yes No

If you have answered Yes:

1. Please specify the additional need: _____
2. Are you accessing either Helping Children with Autism (HCWA) or Better Start Funds
3. Are you accessing NDIS Funds (National Disability Insurance Scheme) Yes No

IMMUNISATION

Please note: You will be required to provide a certified copy of your child's birth certificate, Immunisation History Statement or relevant exemption forms with the Waiting List Application.

HEALTH

- Does your child currently have any serious illness? Yes No
- Does your child require medication or any medical procedures to be performed on a regular basis? Yes No
- Does your child have Asthma? Yes No
- Does your child have any allergies? (Including food allergies or intolerances, reactions to insect bites, allergies to sunscreens, antiseptics, etc) Yes No
- Is your child's allergic reaction likely to result in anaphylaxis? Yes No
- Does your child have Epilepsy? Yes No
- Does your child have Diabetes? Yes No

Please Note: If you have answered yes to any of the Health questions above you will be required to provide an Action Plan and/or Management Plan signed by a medical practitioner prior to commencement at the service.

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DAYS REQUIRED (Please tick)

Monday Tuesday Wednesday Thursday Friday

Date attendance required from: _____

I give permission for my details to be given to other KU Children's Services long day care centres. Yes No

Please Note: It cannot be assumed that siblings of children already attending this centre will automatically be offered a place when the family requires care. Access to care at the centre will be assessed according to the Department of Education, Employment and Workplace Relations priority of allocating places. Alternate care options should therefore be explored.

Please Note: It is your responsibility to contact the centre on an annual basis to remain on the waiting list and whenever you have any changes of details. If we do not hear from you annually, we will assume that you no longer require a place at the service.

Please state any special circumstances relating to your application for a place in the centre.

Name: _____ Relationship to child: _____

Signed: _____ Date: _____

Office use only
