



### WAITING LIST FORM

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ P.C. \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Place of Work: \_\_\_\_\_

CRN #'s: \_\_\_\_\_ CRN #'s: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Number of Days Care required per Week:    1            2            3            4            5

Actual Days Required:        MON        TUE        WED        THU        FRI

If you require less than 5 days per week are you prepared to accept any days that are allocated?

- Yes, I would be happy with whatever days are available.
- No, I specifically require the days circled above.

STARTING DATE REQUIRED: \_\_\_\_/\_\_\_\_/\_\_\_\_ OR ASAP  
**(Please insert approximate start date)**

**PRIORITY OF ACCESS: THESE ANSWERS WILL DETERMINE YOUR PRIORITY RATING.**

**PRIORITY 1**

A Child at risk of serious abuse or neglect.     YES             NO

**PRIORITY 2**

If you answer yes to any of the following you could be required to provide proof under section 14 of the Family Assistance Act.

Are you a single parent who is working?     YES                       NO

Are you a family with both parents working?     YES                       NO

Are you studying for future employment?     YES                       NO

Are you seeking employment or training?     YES                       NO

**PRIORITY 3**

Any other child?     YES                       NO

Does your child have additional needs? If yes, please specify:

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***I understand the Priority of Access conditions outlined and agree to notify the centre should my circumstances change.***

Relationship to child: \_\_\_\_\_ Signature: \_\_\_\_\_