

20 McCallum Street, ROSELANDS NSW 2196

Mobile: 0413-917171 Email: mama@bearchildcare.com.au Phone: 9750-8858 Fax: 9750-8856

7.30am - 6.00pm Oyrs-5yrs

. Waiting Ligt

			<u>lication for Wa</u>					
It's very import you have any qu			pleted, so we can co-operation	assess your ap	plication	thoroughly.	Please call if	
Date of Applica	e of Application:				e: 🗆	Female:		
Child's Name:				Date	Date of Birth:			
Address:				Post	Post Code:			
Your child's Cl	RN with Centre	eLink:						
If you already h	nave another ch	ild attending th	is Centre, what is	their name?				
We recommend provide more c following seque	the minimum to consistency of c ences only:	number of days are days should	I Care Centre if a your child attended not be split (unle preferable to your	Barfa Bear Cless approved b	hild Care y the Dire	Centre is tweetor), are a	vo (2) days. To vailable in the	
a. () b. () c. () d. () e. ()	Monday Monday Monday Wednesday Thursday	Tuesday Tuesday Tuesday Thursday Friday	Wednesday Wednesday Friday	Thursday	Friday	,		
Please indicate Parent Details		when you wou	ld like your child	to begin: Parent Two				
Name:								
Date of Birth:								
Address:			•••••					
Home Phone:	Iome Phone:							
Mobile:								
Email:								
CentreLink CR	N:							
		Please turi	n over for more imp		S 			
			Office Use On	ly		_		

Monday Tuesday Wednesday **Thursday** Friday Days Given Brought In: Forms Immun. Fees Pers.Pack Tissues

Age Group: PlayRoom: Start Date: Date Offered Position: Yes No

The Priority of Access Guidelines must be used to allocate available child care places where there are more
families requiring care than places available. A service must fill them according to the following priorities:
Priority 1 – a child at risk of serious abuse or neglect
Priority 2 – a child of a single parent who satisfies, or of parents who both satisfy the work, training, study test
Priority 3 – any other child
Does your family fall into any of these Priority categories? Yes No
If yes, which Priority Number: $1 \square 2 \square 3 \square$
Does your family fit into any of the following categories?
* Aboriginal/Torres Straits Islander □ * Parents of child/ren with special needs * Non-English speaking background □ * Single Parent □ * Home parent with several small children □
* Does your child have Health-Related Special Needs or Allergies?
Is there anything else we need to know about your family or your child?
Thankyou for taking the time to fill out this form. Please sign below and return to the Centre at your earliest convenience. If
for any reason you decide to remove your child from the Waiting List, please call and let us know. At this stage, we cannot
give you an exact estimate of when your child will be offered a position.
Declaration: I understand and agree that when my child takes up a position at Mama Bear Child Care Centre, I will need to pay 4 weeks fees up front (2 weeks Bond and 2 weeks fees in advance), and a Registration fee of \$100 (this includes your child's personalised Mama Bear Sun Hat / T-Shirt , Blanket for sleep-time, and Drink Bottle). I understand and agree that the 2 weeks Bond and Registration payments are not refundable should I change my mind. I understand and agree when my child takes up a position at Mama Bear Child Care Centre, I will need to commence attendance and payment of fees as soon as the position becomes available.
Signed: Date:
For our records, could you please let us know how you found out about Mama Bear Child Care Centre: Word of Mouth: Relative: Sign: White Pages: Yellow Pages:
Ctbry Council: \Box H'ville Council: \Box St George or CantBkstwn Child Care Directory: \Box
Other: (please specify)
Thank you Hopefully we will be in contact with you shortly and able to offer your child/ren a position to join our little family at Mama Bear Child Care Centre.