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7.00am - 6.00pm

0yrs-5yrs

Application for Waiting List

It's very important that this form is fully completed, so we can assess your application thoroughly. Please call if you have any questions. Thank you for your co-operation...

Date of Application: Male: Female:

Child's Name: Date of Birth:

Address: Post Code:

Your child's CRN with CentreLink:

If you already have another child attending this Centre, what is their name?

We recommend the minimum number of days your child attend Papa Bear Child Care Centre is two (2) days. To provide more consistency of care days should not be split (unless approved by the Director), are available in the following sequences only:

Please note which sequence of days are most preferable to your family, by ticking or ranking in order (1st, 2nd ...):

- a. () Monday Tuesday Wednesday Thursday Friday
- b. () Monday Tuesday Wednesday
- c. () Monday Tuesday
- d. () Wednesday Thursday Friday
- e. () Thursday Friday

Please indicate approximately when you would like your child to begin:

Parent Details	Parent One	Parent Two
Name:
Date of Birth:
Address:
Home Phone:
Mobile:
Email:
CentreLink CRN:

Please turn over for more important questions

Office Use Only

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

Start Date: *Age Group:* *PlayRoom:*

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 2 3

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 Papa 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 Papa Bear Sun Hat / T-Shirt / Recipe Book, 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 Papa 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 Papa Bear Child Care Centre:

Word of Mouth: Friend: Relative: Sign: White Pages:

Sutherland Council: St George or Sutherland Child Care Directory: FaceBook:

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 Papa Bear Child Care Centre.