



APPLICATION FOR WAITING LIST

FEE - \$20.00

Child's Given Name:.....Child's Family Name:.....
M/F:.....D.O.B.:.....Address:.....
.....Postcode:..... Home
Phone:..... Language Spoken at Home:.....

Mother's Given Name:.....Mother's Family Name:.....
Address:.....
.....Postcode:..... Home
Phone:.....Mobile:..... Work Phone:.....

Father's Given Name:.....Father's Family Name:.....
Address:.....
.....Postcode:..... Home
Phone:.....Mobile:..... Work Phone:.....

What type of care are you interested in? (Please tick or number your preference)

- 6 weeks - 2's Long Day Care 7.30/8am – 6pm ----2 – 3's Long Day Care 7.30/8am – 6pm ----3
- 5's Long Day Care 7.30/8am – 6pm ----3 – 5's Preschool * 9am – 3pm ---6 weeks – 5's Shorter
- Session Care 9am – 4pm ----

When is care required for your child? (Year and
Month):..... What days do you require care? (please
circle) Mon Tues Wed Thurs Fri If care is not available for the year specified, do you wish
SOCCS to transfer this Waiting List to the following year? Yes/No

Please turn over



Priority of Access

This determines the priority of placement for your child at SOCCS.

First Priority A child at risk of serious abuse or neglect

Second Priority A child of a single or two parent family who satisfies the work/training/study test under Section 14 of the Family Assistance Act.

Third Priority Any other child.

Within each category* mentioned above, the following children will be given priority :

- Children in Aboriginal and Torres Strait Islander families
- Children in families which include a disabled person
- Children in families whose CCB percentage is 100%
- Children in families with a non-English speaking background
- Children in socially isolated families
- Children of single parents

* the above list is not in any particular priority order and children may fall into more than one category.

Please answer the following questions :

- Are you of Aboriginal or Torres Strait Islander background? Yes/No
- Are you a family with both parents who satisfy the work/study conditions? Yes/No
- Are you a single parent who satisfies the work/study conditions? Yes/No
- Are you or your partner disabled? Yes/No
- Does your child or another child in the family have additional needs? Yes/No
- Are you from a non-English speaking background? Yes/No

Is there any additional information you feel we should know?

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Your agreement:

Please note: If you fail to notify Strathfield One Stop Child Care Service of any changes of address or telephone numbers you may forfeit your child's place on the waiting

list.

*"I understand the **priority of access** conditions and agree to notify SOCCS should my circumstances change. I also am aware that my position may be reviewed due to the conditions outlined in the **priority of access** guidelines".*

Signature: _____ Date: _____