

Waiting list application



Children's Services

educating and caring for our children

To find your nearest centre go to www.sdn.org.au or call 02 9213 2400

Please fill out a separate form for each child

Centre

Centre 2 (second preference)

Date of application / /

Child's name
.....
first name family name

Birth date / / Male/Female

Family/Guardian

Name 1

First Name

Family name

Address

Post code

Home phone

Work phone

Mobile

Email

Name 2

First Name

Family Name

Address

Post code

Home phone

Work phone

Mobile

Email

SDN Children's Services has a firm commitment to protecting the privacy of its clients. SDN complies with the national Privacy principles set out in the Privacy Amendment (Private Sector) Act 2000. For more information please refer to the SDN Privacy Policy available at your centre. Personal information collected on this form is for the purpose of contact and establishing priority of access.

Employment/study of Family/Guardian

Name 1 (please tick as applicable)

Working Fulltime Part time

SDN staff member Seeking work Study

Other

Name 2 (please tick as applicable)

Working Fulltime Part time

Seeking work Study Other

Days requested

Full time

Other (state days required)

Month and year childcare is required

The demand for childcare sometimes exceeds supply. When this happens it is important for services to allocate places to those families with the greatest need for childcare support. The Australian Government has Priority Access Guidelines for allocating places in these circumstances. To help us determine priority of vacancies, please indicate if the information below applies to you.

Is your child Aboriginal or Torres Strait Islander?

Does your child have a disability?

Have you been referred?

Are you a Health Care Card holder?

Are you a single parent?

What is your ethnicity/cultural background?
.....
.....

I agree to notify the Centre Director immediately if I no longer require a place for my child at the Centre and wish to be removed from the waiting list, or if any of the above information changes in any way. (Failure to do so may result in loss of position on waiting list.)

Signature of Parent/Guardian

Centre Director

Send this form to SDN by fax: 02 9213 2401 or post to PO Box 654, Broadway NSW 2007