

BAYSIDE PARK EARLY EDUCATION CENTRE WAITING LIST FORM

HOW DID YOU FIND OUT ABOUT US?	<input type="checkbox"/> Website <input type="checkbox"/> Spotted from Road <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Word of Mouth: (who?) _____

CHILD DETAILS	SURNAME				Application Date ____/____/____	
	GIVEN NAME/S					
	ADDRESS					
	DATE OF BIRTH	____/____/____	GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutral		
	ANY ALLERGIES	<input type="checkbox"/> No <input type="checkbox"/> Yes – details:				
	ADDITIONAL INFORMATION	<i>Eg: Social/Emotional/Behavioural Concerns, Additional Needs</i>				

ENROLMENT REQUIREMENTS	AGE WHEN STARTING	Yrs mths	ACTIVITY ROOM	<input type="checkbox"/> N <input type="checkbox"/> T <input type="checkbox"/> PK <input type="checkbox"/> K <input type="checkbox"/> PP		
	DAYS REQUIRED	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri			PREFERRED START DATE ____/____/____	
	FLEXIBLE WITH DAYS	<input type="checkbox"/> No <input type="checkbox"/> Yes → → → <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri				
	SESSION TYPE	SESSION TYPE	TIMEFRAME	DAILY	INC WRAPAROUND CARE	
		<input type="checkbox"/> SESSION 12	6.00am-6.00pm	12 hours	Not applicable	
<input type="checkbox"/> SESSION 10		7.00am-5.00pm	10 hours	6.30am-5.30pm		
	<input type="checkbox"/> SESSION 9	7.30am-4.30pm	9 hours	7.15am-4.45pm		

PARENT/GUARDIAN DETAILS	SURNAME		SURNAME	
	GIVEN NAME		GIVEN NAME	
	RELATIONSHIP TO CHILD		RELATIONSHIP TO CHILD	
	DATE OF BIRTH		DATE OF BIRTH	
	ADDRESS (If same as child, write "As Above")		ADDRESS (If same as child, write "As Above")	
	TELEPHONE		TELEPHONE	
	EMAIL			

PRIORITY STATUS	If you know your Priority Status, please tick below:	OFFICE USE ONLY	<input type="checkbox"/> Entered on QK <input type="checkbox"/> CCS Enrol done
	P1 <input type="checkbox"/> Child at risk of serious abuse or neglect		<input type="checkbox"/> Enrolment Fee Paid ____/____/____
	P2 <input type="checkbox"/> Aboriginal/Torres Strait Islander		<input type="checkbox"/> PIN Code: _____ #
	P2 <input type="checkbox"/> Single parent working/studying/looking for work		<input type="checkbox"/> Parent Pocket done
	P2 <input type="checkbox"/> Family with all parent/s working/studying/looking for work		<input type="checkbox"/> Storypark Invite emailed ____/____/____
	P3 <input type="checkbox"/> None of the Above		<input type="checkbox"/> Room Staff Advised ____/____/____
	♥ Management Discretion		<input type="checkbox"/> Enrolment Booklet issued ____/____/____
			<input type="checkbox"/> Child Admin File Created
			<input type="checkbox"/> CWA Issued ____/____ Returned ____/____