Shellharbour / Kiama Family Day Care

SKFDC Inc is funded by the Australian Government under the Child Care Support Program

WAITING LIST FORM

DATE OF APPLICATION: ___ / ___ / ___

Child Over 2 yrs? q

Geographical Areas for placement: *(pls tick all approp)*

- ❑ Kiama / Gerringong
- ❑ Shellharbour *(Barrack Hts, Oak Flats, Mt Warrigal etc etc)*
- ❑ Albion Pk / Albion Pk Rail
- ❑ Shellcove / Flinders

NUMBER OF DAYS REQUIRED 1 2 3 4 5

PREFFERED DAYS MON TUE WED THUR FRI SAT SUN

HOURS _____ **START DATE** _____

MOTHER _____ **FATHER** _____

CHILD'S NAME 1 _____ **DOB** _____

CHILD'S NAME 2 _____ **DOB** _____

SPECIAL CONSIDERATIONS / REQ'TS FOR THE CHILD? _____

_____

ADDRESS _____ **P/C**_____

HOME PHONE _____ **MOBILE** _____

WORK PHONE _____

COMMONWEALTH GOVERNMENT PRIORITY OF ACCESS GUIDELINES

- ❑ *Priority 1: Is your child 'at risk'? Y / N*
- ❑ *Priority 2: Are you currently working / training / seeking work? Y / N*
- ❑ *Priority 3: Any other child*

Subcatagories: Are you from an Aboriginal, Torres Strait Islander background YES NO
Does your family include a person with a disability? YES NO
Are your from a NESB background? YES NO
Are you a single parent? YES NO

Would you require an interpreter for any interviews with the Carer and/or when completing any enrolment forms? YES NO

How did you find out about SKFDC? _____

STAFF MEMBER _____