



1035 South Pine Road Everton Hills 4053

Ph: 07 3855 4445

Email: info@thehillsschildcare.com.au

Waiting List

Child's Name: _____

Date of Birth: _____

Date of Application: _____

Date when care is required: _____

Parent / Guardian 1 (Please note this information will be used as the main contact)	Parent / Guardian 2
Name: _____	Name: _____
Address: _____	Address: _____
_____ Post Code: _____	_____ Post Code: _____
DOB: _____ CRN : _____	DOB: _____ CRN : _____
Home Ph. No: _____	Home Ph. No: _____
Work Ph. No: _____	Work Ph. No: _____
Mobile: _____	Mobile: _____
Email: : _____	Email: : _____
Occupation: _____	Occupation: _____
Country of Birth: _____	Country of Birth: _____
Days worked per week: _____	Days worked per week: _____
Work Details – please circle appropriate	Work Details – please circle appropriate
Work - Full Time Part Time Casual	Work - Full Time Part Time Casual
Studying - Full Time Part Time	Studying - Full Time Part Time

Days that care is required: (Please Circle)				
Monday	Tuesday	Wednesday	Thursday	Friday
Are you flexible with the days your child is able to addend?			Yes	No
When is the position required? (specify date if known) Date: _____ Month: _____ Year: _____				



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Priority of access guidelines for centre based long day care service set by Commonwealth Government 2000.

First Priority	A child at risk of serious abuse or neglect
Second Priority	A child of a single parent who satisfies, or parents who both satisfy the work/training/study category
Third Priority	Any other child

To allow us to determine your child(ren)s priority position on our waitlist, please tick the following categories if they apply to your child:

- ☐ Children in Aboriginal and Torres Strait Islander Families;
- ☐ Children in families which include a family member who requires additional support;
- ☐ Children in families on lower incomes;
- ☐ Children in families with a non-English speaking background;
- ☐ Children in socially isolated families;
- ☐ Children of single parents.

Within these guidelines, families who have present/past children at this Centre have priority of access.

I acknowledge that all information supplied on this form is correct at time of signing.

Signed: _____ Date: _____

Please scan and email this form to info@thehillschildcare.com.au or fax: 07 3890 1914

When a position at our centre can be offered to you we will forward an enrolment form for you to complete. The enrollment form and a fifty dollar enrollment fee (redeemable on first weeks fees) are required to secure your enrolment at The Hills District Childcare Centre.

Office Use Only:

Date entered into system: _____

Parent contact to confirm details:

Date: _____ Date: _____ Date: _____ Date: _____

Date Position was offered: _____ Room: _____

Acceptance: Yes ☐ No ☐ Start Date: _____