

CHILDREN'S SERVICES

REQUEST FOR CARE WAITING LIST FORM

Mother

 Father

 Guardian/Other (if applicable)

Parent/guardian Name: _____ Date of Birth: _____

Parent/guardian CRN: _____

Address: _____

Post Code: _____

Telephone: (H) _____ (W) _____

 (M) _____

Email _____

Child's Full Name: _____ Date of Birth: _____

Child's CRN: _____

Country of Birth: _____ Male Female Self- described

Please place in order of preference (1 – 4) if you wish to go on all services waiting list.
 (Please note: Information is placed on central waiting list and will be shared amongst all listed services)

_____ Arthur Dickmann Childcare Centre 104-106 Maude St, Shepparton, 3630

_____ Frank R Pullar Childcare Centre 168 Echuca Road, Mooroopna, 3629

_____ Nancy Vibert Long Day Care 18 Edward Street, Shepparton, 3630

Please indicate your preferred days (circle days you want care for).

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
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Requested starting date of care: _____

Comments about days of care required e.g. hours, can you be flexible with days of care?

Have you previously attended a Greater Shepparton City Council Children's Service? Yes No

Is your child currently attending a service?

Yes No

If YES, which service: _____

Do you have a sibling already using a council service:

Yes No

If YES, which service: _____

Where did you hear about our services? _____

Any further comments or relevant details: _____

Allocating childcare places (only applicable to Long day care):

When a vacancy occurs at the service a place will be offered to the first child on the waiting list according to:

- a) The enrolment process as outlined in the *Department of Education and Training (DET) Child Care Provider Handbook*, accessed at the following website:
<https://www.education.gov.au/child-care-provider-handbook>
- b) The date the 'Request for Care/Waiting List' form was submitted
- c) If the child is already attending the service
- d) If the child has a sibling attending the service
- e) None of the above

PLEASE NOTE:

- 1. You will be notified when a place becomes available.
- 2. If any contact details and/or circumstances change or education and care is no longer required please notify the Service.
- 3. Your request for care will be reviewed by the service formally in March and August each year (unless a vacancy occurs earlier).

Signature: _____

Parent/Guardian

Date: ____/____/____

For any further Children's Services information please visit the Greater Shepparton City Council website at www.greatershepparton.com.au/childcare.

Greater Shepparton City Council complies with the *Privacy and Data Protection Act 2014 (Vic)*

Office use only:

Information placed onto Greater Shepparton City Council database.

Any previous enrolment history confirmed.

Staff member completing application:

Name: _____ Signature: _____ Date: ____/____/____