



# MILLVILLE CHILDCARE CENTRE

23-25 Hart Street, Colac  
PHONE; 52322550  
millvillecc@bigpond.com

## WAIT LIST APPLICATION

### CHILD 1

Name \_\_\_\_\_

Date of Birth : ...../...../.....

OR Expected DOB ...../...../.....

### CHILD 2

Name: \_\_\_\_\_

Date of Birth ...../...../.....

OR Expected DOB ...../...../.....

### PARENTS / GUARDIAN

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address : \_\_\_\_\_

● New to Millville Childcare Centre  ● Have had children enrolled before

### HOURS OF CARE REQUIRED

Please circle **Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

**AM Session**  **PM Session**  **Full Day**  Session = five (5)hours

Are you flexible with these times? **YES**  **NO**

These are the enrolment priority of access guidelines of the Federal Government.  
Please tick the box that applies to you and your child.

- Priority 1:** a child at risk of serious abuse or neglect
- Priority 2:** a child of single parent who satisfies, or of parents who both satisfy, the work, training, study test
- Priority 3:** any other child within these main Priority categories, priority will also be given to children in:
  - Aboriginal and Torres Strait Islander families
  - Families which include a disabled person
  - Families on lower incomes
  - Families from culturally and linguistically diverse backgrounds
  - Socially isolated families
  - Single parent families

Reasons for requiring care ( may affect priority of access) \_\_\_\_\_

**Preferred Start Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Date Submitted** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### OFFICE

Hubworks Entry  Date: \_\_\_\_\_ Initial \_\_\_\_\_ Filed

Position allocated: Date: \_\_\_\_\_ Family Advised  Date: \_\_\_\_\_ Initial \_\_\_\_\_