



MILLVILLE CHILDCARE CENTRE

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

KINDER WAIT LIST APPLICATION FOR 2025

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

DAYS OF CARE REQUIRED

Number of days 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 : Children at risk of abuse or neglect, including children in Out-of-Home Care

Priority : Aboriginal and/or Torres Strait Islander children

Priority : Asylum seeker and refugee children

Priority : Children eligible for the Kindergarten Fee Subsidy

Priority : Children with additional needs, defined as children who:

- require additional assistance in order to fully participate in the kindergarten program
- require a combination of services which are individually planned
- have an identified specific disability or developmental delay

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 _____