



MILLVILLE CHILDCARE CENTRE

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

WAIT LIST APPLICATION FOR 2026

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 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 _____