



MILLVILLE CHILDCARE CENTRE

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

GENERAL WAIT LIST APPLICATION

CHILD 1

Name _____

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

Or Excepted Date of Birth :/...../.....

CHILD 2

Name: _____

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

Or Excepted Date of Birth :/...../.....

PARENTS / GUARDIAN

Name: _____ Phone: _____

Address: _____

Email Address : _____

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

DAYS OF CARE REQUIRED - Open 6.45am-6pm Monday- Friday (ex. Public Holidays)

Number of days required: _____

Please circle	<input type="checkbox"/> Monday	Full Day <input type="checkbox"/>	AM Session <input type="checkbox"/>	PM Session <input type="checkbox"/>
	<input type="checkbox"/> Tuesday	Full Day <input type="checkbox"/>	AM Session <input type="checkbox"/>	PM Session <input type="checkbox"/>
	<input type="checkbox"/> Wednesday	Full Day <input type="checkbox"/>	AM Session <input type="checkbox"/>	PM Session <input type="checkbox"/>
	<input type="checkbox"/> Thursday	Full Day <input type="checkbox"/>	AM Session <input type="checkbox"/>	PM Session <input type="checkbox"/>
	<input type="checkbox"/> Friday	Full Day <input type="checkbox"/>	AM Session <input type="checkbox"/>	PM Session <input type="checkbox"/>

AM session = 5hours or less prior to 1pm.

PM Session = 5 hours or less after 1pm

Are you flexible with these days? YES NO

Preferred start date _____

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 serious abuse or neglect
- Priority : a child of a single parent who satisfies, or of parents who both satisfy, the work, training, study test
- Priority : any other child.

Within these main Priority categories, priority should also be given to children in:

- Aboriginal and Torres Strait Islander families
- Families which include a disabled person
- Families on lower incomes
- Families from a non-English speaking background
- Socially isolated families
- Single parent families

Reasons for requiring care (may affect priority of access) _____

OFFICE

Date Submitted ____ / ____ / ____ Initial _____

Position allocated: Date: _____ Family Advised Date: _____ Initial _____