



# MILLVILLE CHILDCARE CENTRE

23-25 Hart Street, Colac  
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## KINDER WAIT LIST APPLICATION

### CHILD 1

Name \_\_\_\_\_

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

### CHILD 2

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

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

### 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	<input type="checkbox"/> Monday	8.30am- 4.30pm	I will require before or after kinder care <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Tuesday	8.30am-1.30pm	
	<input type="checkbox"/> Wednesday	8.30am- 4.30pm	
	<input type="checkbox"/> Thursday	8.30am-1.30pm	
	<input type="checkbox"/> Friday	8.30am-1.30pm	

Are you flexible with these days? YES  NO

Year to start: \_\_\_\_\_  3year old Kinder  Year prior to school Kinder

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) \_\_\_\_\_

OFFICE

Date Submitted \_\_\_\_/\_\_\_\_/\_\_\_\_ Initial \_\_\_\_\_

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