



Application For Waiting List					
Parent / Guardian 1			Parent / Guardian 2		
First Name:			First Name:		
Last Name:			Last Name:		
Home Address:			Home Address:		
Gender:			Gender:		
Mobile:			Mobile:		
Email:			Email:		
Occupation:			Occupation:		
Employer / Company:			Employer / Company:		
Work Phone:			Work Phone:		
Date of Birth of Parent:			Date of Birth of Parent:		
Parent / Guardian Centrelink CRN:			Parent / Guardian Centrelink CRN:		
Child's Information					
First Name:		Middle Name:			
Last Name:		Preferred Name:			
Date of Birth:	Gender:	Place of Birth (Town / State):			
Is your child of Aboriginal and/or Torres Strait Islander origin? <input type="radio"/> No <input type="radio"/> Yes, Aboriginal <input type="radio"/> Yes, Torres Strait Islander					
Date Contacted (Today's Date):		Preferred Date to Start:			
Child's Centrelink CRN:		Is your child independent in their toileting? <input type="radio"/> No <input type="radio"/> Yes			
Main Spoken Language:		Does your child wear a rest nappy? <input type="radio"/> No <input type="radio"/> Yes			
Does your child have a Disability / any Allergies / Medical Conditions? <input type="radio"/> No <input type="radio"/> Yes					
If yes, please provide details:					
Child's current Australian Immunisation Record has been provided in hard copy: <input type="radio"/> No <input type="radio"/> Yes					
Does your child have any Dietary Requirements? <input type="radio"/> No <input type="radio"/> Yes - Please specify:					
Is your child currently enrolled in another Service? <input type="radio"/> No <input type="radio"/> Yes - If yes, where:					
Day Preferences					
	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Departure Time					
<i>Note: A minimum attendance of 2 days is required. Planet cannot guarantee availability of your requested days.</i>					
Priority of Access (please circle)					
The centre complies with the Enrolment Priority / Access Guidelines as set by the Department of Social Services					
1	A child at risk of serious abuse or neglect				<input type="radio"/>
2	A child of a parent or parents who pass the work / training / study test				<input type="radio"/>
3	Current siblings attending				<input type="radio"/>
4	Any other child on the waitlist - (Date on Application)				<input type="radio"/>
Name		Signature		Date	

Please note that it is the Parent/Carer's responsibility to update the details of this waitlist form and follow up on placement annually. Please advise if you wish to be removed from the waitlist at any time in the future. Thank you, Planet Management.