



Application For Waiting List	
Parent / Guardian 1	Parent / Guardian 2
First Name:	First Name:
Last Name:	Last Name:
Home Address:	Home Address:
Home Phone:	Home Phone:
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 Ethnicity:	Parent / Guardian Ethnicity:
Parent / Guardian Centrelink CRN:	Parent / Guardian Centrelink CRN:

Child's Information	
First Name:	Middle Name:
Last Name:	Preferred Name:
Date of Birth:	Gender <input type="radio"/> M <input type="radio"/> F
	Place of Birth (Town / State):
Is your child of Aboriginal 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:	Dietary Requirements:
Child's Ethnicity:	Main Spoken Language:
Does your child have any Allergies / Special Needs / 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

Day Preferences						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Arrival Time						
Departure Time						

Note: A minimum attendance of 2 days is required. Planet cannot guarantee availability of your requested days.

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"/>

Signature	Date
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