

Jabiru Childcare Centre

Phone | 8979 2247 Fax | 8979 2488 Email | jabiruchildcare@westarnhem.nt.gov.au

Waiting List

Date Form Lodged at Centre: _____ Staff Signature: _____

Name of Parent/Guardian 1: _____

Name of Parent/Guardian 2: _____

Home Address: _____

Postal Address: _____

Telephone: _____ Email Address: _____

Child's Name: _____ Date of Birth: _____

Reason Care is Required: _____

Please indicate below:

- My child is in an Aboriginal or Torres Strait Islander Family: Yes / No
- My child is in a family which includes a disabled person: Yes / No
- My child is in a family that earns less than \$42,997 (2014/2015) per year: Yes / No
- My child is in a family from a culturally and linguistically diverse background: Yes / No
- My child lives in a socially isolated family: Yes / No
- My child lives with a single parent: Yes / No

Please circle your preferred care days:

M, T, W, Th, Fri

Weekly Casual Half day session am / pm (for pre-schoolers only)

Waiting List Guidelines:

1. Parents are asked to complete this form and return it to the Centre to have their child placed on the waiting list.
2. Parents will receive confirmation that their child has been placed on the waiting list.
3. If any circumstances change or care is no longer required, please notify the Centre.
4. Waiting lists are reviewed on a regular basis. Parents will be contacted in writing requesting confirmation that care is still required. Failure to do so will result in the child being taken off the waiting list.
5. When a place becomes available, a place will be offered to the first child on the waiting list, according to:
 - The date when the request for care form was lodged
 - Priority of access guidelines
 - Whether the child is already attending the Centre
 - Whether the child has a sibling already attending the centre.

Parent / Guardian Signature: _____ Date: _____