

**TAYLOR CHILD CARE AND EDUCATION CENTRE
 Waiting List Application Form**

Communities@Work operates Taylor Child Care and Education Centre which provides full days, permanent part time (hourly for a minimum of four hours and maximum being 7 hours). Please indicate your family's requirements.

| Parent/Carer Details | Parent/Carer One | Parent/Carer Two |
|--------------------------|------------------|------------------|
| Full Name | | |
| Address | | |
| Preferred contact number | | |
| Email | | |
| Main Home Language | | |

Names of child(ren) you wish to enrol:

| Surname | First Name | Date of Birth | Male / Female |
|---------|------------|---------------|---------------|
| | | | |
| | | | |
| | | | |

Care required – please tick

Please see example to assist in completing this section.

| Days of the week | Full Day | Times required for PPT (between 4 hours and 7 hours daily) | <u>Requested commencement date</u> |
|-------------------------|----------|---|------------------------------------|
| <i>Example PPT</i> | | <i>8:00 am to 1:00 pm</i> | |
| <i>Example Full Day</i> | √ | | |
| MONDAY | | | |
| TUESDAY | | | |
| WEDNESDAY | | | |
| THURSDAY | | | |
| FRIDAY | | | |

Does your family have any unique requirements for accessing our Child Care and Education Centre?

Do your family use another Communities@Work Program? Yes No

If yes please tick the program you use or have used

School Age Care School Holiday program Family Day Care In Home Care

- **Please contact Centre Manager if there is a change in details requiring updating.**
- **Please contact Centre Manager after three months to ensure validity of your application**

Unfortunately registration on the waiting list does not guarantee that you will be offered a placement within our centre, this is dependant on availability of required days.

Note: Please refer to our website www.commsatwork.org to ensure you have current information in regards to enrolment i.e. fees

Parent / Guardian Signature _____ Date _____

Please return this form to: **Communities @ Work**
Client Service Team
P O Box 1066
TUGGERANONG ACT 2901

Office Use Only

Register of Interest received signature _____ Date _____