



COMMUNITY, CULTURE AND LEISURE DIRECTORATE
 COMMUNITY LIFE UNIT
 PO Box 57
 Chatswood NSW 2067
 E-mail: childserv@willoughby.nsw.gov.au

Waitlist Registration Form

There is a waiting list charge of \$35 per child (non-refundable). You may apply for multiple centres per waiting list application. Please enclose a cheque or money order for \$35, payable to 'Willoughby City Council' when you return this form. Alternatively you may pay by Eftpos/Credit Card at the services during operational hours - listed below (no cash payments will be accepted at these services). You may also pay via Cash, Eftpos or [Credit Card](#) at Councils Help & Service counter.

There is a 1% surcharge for credit card transactions. A receipt will be issued upon receipt of payment.

Which Service are you applying for?

Please place tick ✓ in each centre you would like to be placed on the waiting list for:	<i>Artarmon OOSH</i> (Before/After School Care 3:30pm – 6:00pm)	
<i>Devonshire St Children's Centre</i> This waiting list is currently closed	<i>Bales Park OOSH</i> (After School Care 3:30pm – 6:00pm)	
<i>Family Day Care - Please email form to</i> FDC@willoughby.nsw.gov.au	<i>Chatswood OOSH</i> (After School Care 3:30pm – 6:00pm)	

Child's Name: _____ Gender: Male Female

Date of Birth/EDD: _____ CRN: _____

ATSI Descent: Aboriginal Torres Strait Islander

School they will be attending (OOSH only): _____

Any additional needs: _____

PARENT/GUARDIAN1: (must be CCB Claimant)

Please circle: Mr Mrs Ms Miss

Name: _____

CRN: _____ DOB: _____

Mobile No: _____

Home Address: _____

Home No: _____

Occupation: _____

Work Address: _____

Work Phone: _____

Days/Hours worked: _____

Email: _____

PARENT/GUARDIAN 2:

Please circle: Mr Mrs Ms Miss

Name: _____

CRN: _____ DOB: _____

Mobile No: _____

Home Address: _____

Home No: _____

Occupation: _____

Work Address: _____

Work Phone: _____

Days/Hours worked: _____

Email: _____

Which days of the week do you require care?

A. Any ____ days per week (write down the number of days required)

B. Specific days

Long Day Care: Specific days of the week <i>(please circle)</i>									
Monday		Tuesday		Wednesday		Thursday		Friday	
Before School Care: Specific days of the week <i>(please circle)</i>									
Monday		Tuesday		Wednesday		Thursday		Friday	
After School Care: Specific days of the week <i>(please circle)</i>									
Monday		Tuesday		Wednesday		Thursday		Friday	
Family Day Care: Specific days of the week <i>(please circle)</i>									
Monday		Tuesday		Wednesday		Thursday		Friday	
Start time:	Finish time:	Start time:	Finish time:	Start time:	Finish time:	Start time:	Finish time:	Start time:	Finish time:

C. Are you flexible on the days you have selected above? Yes No

D. Willing to take days as they become available? Yes No

E. When do you need care to start? _____

F. Do you have a car to pick up and drop off your child (Family Day Care only) Yes No

Our Services must abide by the Federal Government’s priority of access guidelines, which states that priority must be given based on a set of criteria. Please specify which of the following relates to your current family situation.

Working or studying		Aboriginal and Torres Strait Islander	
Both parents working		Family which includes a disabled person	
One parent working, one parent studying		From a Non-English Speaking background	
Both parents studying		Socially Isolated	
Maternity leave		Single parent	
Currently not employed (both parents)			

- ∞ I understand that completing this form places my child on the **WAITING** list at the selected service and does **NOT** guarantee me a place at the service.
- ∞ I understand that should a place become available at the service that I will be contacted to discuss a possible start date.

Signature _____

Print Name _____

Date of application _____

OFFICE USE ONLY:

Application received: _____

Receipt: _____