



COMMUNITY, CULTURE AND LEISURE DIRECTORATE  
 COMMUNITY LIFE UNIT  
 31 Victor St, Chatswood NSW 2067  
 PO Box 57, Chatswood NSW 2067  
 E-mail: [childserv@willoughby.nsw.gov.au](mailto:childserv@willoughby.nsw.gov.au)

**Waitlist Registration Form**

*There is a waiting list charge of \$35 per child (non-refundable).*

**Which Service are you applying for?**

Please place tick ✓ in each centre you would like to be placed on the waiting list for:	<b>Artarmon OOSH</b> (Before School Care 7:30am – 9:00am After School Care 3:30pm – 6:00pm)	
<b>Devonshire St Children's Centre</b> This waiting list is currently closed	<b>Bales Park OOSH</b> (After School Care 3:30pm – 6:00pm)	
<b>Family Day Care</b> - Please email form to <a href="mailto:FDC@willoughby.nsw.gov.au">FDC@willoughby.nsw.gov.au</a>	<b>Chatswood OOSH</b> (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): \_\_\_\_\_

Does your child have 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**

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

Please return this form along with the credit card authorisation to [childserv@willoughby.nsw.gov.au](mailto:childserv@willoughby.nsw.gov.au)

Or alternatively;

- Hand in to Councils Help & Service counter – payment can be made via cash, cheque (made payable to Willoughby City Council) or eftpos/credit card
- Hand in to the child care service during operational hours – payment can be made via eftpos/credit card or cheque (made payable to Willoughby City Council). **No cash will be accepted.**

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

**Signature** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Date of application** \_\_\_\_\_

OFFICE USE ONLY:

**Application received:** \_\_\_\_\_ **Receipt:** \_\_\_\_\_

31 Victor Street, Chatswood NSW 2067  
PO Box 57, Chatswood NSW 2057  
Ph (02) 9777 1000  
Email: email@willoughby.nsw.gov.au  
Web: www.willoughby.nsw.gov.au  
ABN 47 974 826 099



## CREDIT CARD AUTHORISATION (MASTERCARD AND VISA ONLY)

Attention: \_\_\_\_\_

From: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**\*A 1% Service Fee applies when payment is made by Credit Card\***

I authorise Willoughby City Council to debit my credit card for the amount of \$ \_\_\_\_\_

for payment of \_\_\_\_\_

Credit card type:  Mastercard  Visa

Credit card number:

Expiry date:

Card holder's name: \_\_\_\_\_

Card holder's signature: \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE:**

Willoughby City Council advises against submitting credit card details via email. If you wish to pay by credit card, please lodge your application via mail or in person. Some payments can be made via our online payment system, and Council is currently investigating the feasibility for an online payment system for all credit card payments