



Bayside Kindergarten and Childcare Centre  
29 Windemere Rd, Alexandra Hills, QLD 4161  
**PHONE:** (07) 3824 5633 **FAX:** (07) 3824 5049  
[baysidecommunitycentre@gmail.com](mailto:baysidecommunitycentre@gmail.com)

### WAITING LIST FORM

Surname: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ **OR** Due Date: \_\_\_\_\_

Address: \_\_\_\_\_ Proposed start Date: \_\_\_\_\_

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

Please indicate days preferred	Monday	Tuesday	Wednesday	Thursday	Friday
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Where and when is the best time to contact you between 9am to 3pm:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

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

**All places at the centre are allocated in accordance with the Commonwealth Priority of Access Guidelines and centre policy as follows:**

***Please indicate your priority by ticking the relevant box/s***

- TAFE STUDENT/ TEACHER
- Priority 1** - A child at risk of serious abuse or neglect
- Priority 2** - A child of a single parent who satisfies, or of parents who both satisfy the work/training/study test under Section 14 of *A New Tax System (Family Assistance) Act 1999* (e.g. both working parents)
- Priority 3** - Any other child

**Children of priority 3 families may be offered preferred days upon enrolment, on the understanding that they may be required to negotiate a change in days to allow children of Priority 1 and 2 parents to access the Centre. This may result in priority 3 parents being asked to reduce days or leave the Centre, but will be retained on the waiting list as existing families.**

Please note you will be required to provide evidence to support your priority prior to commencement at the centre.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY-

Date received _____ Staff signature _____	
DATE CONTACTED	DETAILS