



Bayside Kindergarten and Childcare Waitlist Form

Child's name _____ Child's DOB _____

Proposed start date _____ Preferred day (please circle) M T W T F

Parent/Guardian name _____ Phone number _____

Email address _____ Relationship to child _____

Please circle: Working Studying Other

Any additional information

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

Please indicate which category applies to your family

- 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*
- Priority 3 - Any other child/ Non-Working Families

Parent/Guardian Signature _____

Office use only:

Date received:	Received by:
Contact date:	Details:
Contact date:	Details: