



SERVICE DELIVERY	Waiting List Application Form	SD-F-2.75
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(A separate form to be filled out for each child)

SDN Children's Services Inc has a firm commitment to protecting the privacy of its clients. SDN complies with the National Privacy principles set out in the Privacy Amendment (Private Sector) Act 2000. For more information please refer to the SDN Privacy Policy available at your centre. Personal information collected on this form is for the purpose of contact and establishing priority of access.

Centre: _____ Date of application: _____

Child's Name: _____ Birth Date: _____ Male / Female
First Name Family Name

Parent/Guardian Name: _____
First Name Family Name

Address _____ Postcode _____

Home Ph: _____ Work Ph: _____ Mobile: _____

Email _____

Spouse/Partner's Name: _____
First Name Family

Address _____ Postcode: _____

Home Ph: _____ Work Ph: _____ Mobile: _____

Email Address: _____

Employment/Study:	Significant family member	F/T	P/T	Seeking Work/Study	Home Duties
	Significant family member	F/T	P/T	Seeking Work/Study	Home Duties

Hours Worked: Significant family memberam topm
 Significant family memberam topm

We recommend the following combination of days for child, staff and program consistency. We will try to accommodate your needs if these are unsuitable: (number your first three preferences)

- Mon / Tues
 Wed / Thur / Fri
 Mon / Tues / Wed
 Thur / Fri
 Mon / Tues / Thurs / Friday
 Full Time
 Other _____
(state days required)

Month and year childcare is required: _____

Are there any particular circumstances relating to your need for Childcare that you would like SDN to consider when processing your waiting list application? _____

I agree to notify the Centre Manager immediately if I no longer require a place for my child at the Centre and wish to be removed from the waiting list or if any of the above information changes in any way. (Failure to do so may result in loss of position on waiting list.)

Signature of Parent _____ Centre Manager _____