

<b>Office Use Only</b>
Date Received:
Payment Received: Yes / No
Health Care Card number:



**Information about the child:**

Surname		First Name	
DOB		Sex M/ F?	

**Information about the child's parents or guardians:**

**Parent 1/Guardian 1**

Surname		First Name	
Address			
Postcode		DOB	
Phone 1		Phone 2	
Email			
Occupation			

**Parent 2/Guardian 2**

Surname		First Name	
Address			
DOB		Phone	
Phone		Email	
Occupation			

**Priority of access guidelines:**

Please tick which category of Priority of Access applies to your situation:

- 1<sup>ST</sup> PRIORITY** A child at risk of serious abuse or neglect.
- 2<sup>nd</sup> PRIORITY** A child of a single parent, or of both parents who both satisfy the work/study/training test
- 3<sup>rd</sup> PRIORITY** Any other child.

**Within these 3 categories mentioned above, the following children are to be given priority:**

Please tick any of the following that apply to your family and that you would like taken into consideration for priority of access

- Children of Aboriginal and Torres Strait Islander families;
- Children in families which include a person with a disability; DETAILS: \_\_\_\_\_
- Children in families which include an individual whose taxable income percentage under Clause 7 of Schedule 2 to the Family Assistance Act is 100% (eligible for HCC); on expiration of card if an updated version is not provided special consideration will no longer be given
- Children in families with non-English speaking backgrounds; English classes are required to assist employment
- Children in socially isolated families – (rural areas only); and
- Children of single parents.

**Within these guidelines, priority of access is also given to families who have present/past children at this Centre, who attended the centre for more than 12 months, and live or work in the City of Yarra:**

Have any of your children previously attended John Street CECC (please circle)? Y / N If Yes:

Surname		First Name	
DOB		Year of Enrolment	

Do you live or work in the City of Yarra (please specify)? Y/N \_\_\_\_\_

**HOW MANY DAYS PER WEEK CARE DO YOU NEED?** (There is a minimum booking of 2 days per week)  
Please circle the days you require care:

<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THURS</b>	<b>FRI</b>
------------	-------------	------------	--------------	------------

DATE REQUIRING CARE \_\_\_\_\_

REASON FOR REQUIRING CARE \_\_\_\_\_

**Office use only:**

This space will be used to record communication between yourself and John St regarding the waiting list / offering of child care places.

Date \_\_\_\_\_ Comment: \_\_\_\_\_

Date \_\_\_\_\_ Comment: \_\_\_\_\_

Date \_\_\_\_\_ Comment: \_\_\_\_\_

Date \_\_\_\_\_ Comment: \_\_\_\_\_

**Waiting List Fees**

We request payment of \$50.00 to cover administrative costs of maintaining our waiting list. Holders of Health Card Holder are exempt from this payment. Please provide evidence of this with your application. Payment can be made by cheque/money order payable to "John St CECC"; cash at the centre or by internet banking. **Our banking details are:**

A/C John St Community Early Childhood Co-operative  
BSB- 063212  
Account – 10242996  
(please tag your payment with waiting list fee and your name)

I agree to notify the Co-operative of any changes to the above details and if I make alternative arrangements for care of my child/ren.

I understand that if I fail to keep my contact details updated or do not respond within 48 hours to an offer of a place or to a request to update details I will be removed from the waitlist.

I understand that if I do not accept a place that is offered to me I will remain on the wait list but will not be offered again for a period of 3 months from the date of the offer, regardless of spaces available.

I understand that if I choose not to immunise my child John Street will be unable to offer me childcare under the "No Jab, No Play" legislation.

Signed \_\_\_\_\_ Name \_\_\_\_\_

Date \_\_\_\_\_

**Privacy Statement**

John Street Community Early Childhood Co-Operative is collecting the following personal information to enable us to place your child on our waiting list. This information will be used solely by this service to assist us with the day to day administration of John St CECC and to satisfy the service's legal obligations and duty of care. You may view John St CECC's privacy policy and statement on our website [www.johnst.com.au](http://www.johnst.com.au) or you may view and/or obtain a copy in the office. You have the right to access and amend any personal information which John St CECC holds about you and your child by visiting the office and / or contacting the Centre Director on 03 9419 6659.