



GREATER SHEPPARTON CITY COUNCIL
AGED AND CHILDREN'S SERVICES

REQUEST FOR CARE/WAITING LIST FORM

Mother Father Guardian/Other (if applicable)

Name: _____ Date of Birth: _____

Address: _____

Telephone: (H) _____ (W) _____
(M) _____

Child's Name: _____ Date of Birth: _____

Country of Birth: _____ Male Female

Please place in order of preference (1 - 4)

(Please note: Information is placed on central waiting list and will be shared amongst all listed centres)

- _____ Arthur Dickmann Childcare Centre
- _____ Frank R Pullar Childcare Centre
- _____ Nancy Vibert Long Day Care
- _____ Nancy Vibert Occasional Childcare Centre

Please write in your preferred times:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Arrival					
Departure					

Requested starting date of care: _____

Comments about days of care required: _____

Is your child currently attending a service: Yes No

If YES, which service: _____

Do you have a sibling already using a council service: Yes No

If YES, which service: _____

Priority of Access

Services must follow “*Priority of Access*” guidelines when allocating childcare places. To assist with priority of access please tick which applies to you?

- Working
- Looking for work
- Studying
- Aboriginal and Torres Strait Islander
- Family which includes a disabled person
- Family from culturally and linguistically diverse backgrounds
- Single parent
- Other (please specify) _____

Where did you hear about our services? _____

Any further comments or relevant details: _____

PLEASE NOTE:

1. You will be notified when a place becomes available.
2. If any circumstances change or care is no longer required please notify the Centre.
3. Your request for care will be reviewed by the service quarterly.

Signature: _____
Parent/Guardian

Date: _____

Signature: _____
Staff Member

Date: _____

<u>Service staff only</u>	
Date form lodged at Service: _____	Signed: _____ (staff)