

# BAYSIDE PARK WAITING LIST FORM



## HOW DID YOU FIND OUT ABOUT US?

- Website     Spotted from Road     Social Media  
 Word of Mouth: (who?) \_\_\_\_\_

Bayside Park requires ALL children to be immunised at the time of enrolment, and during their ongoing care.

<b>CHILD DETAILS</b>	<b>SURNAME</b>			<b>Application Date:</b> ____/____/____
	<b>GIVEN NAME/S</b>			<b>Have you been for a tour:</b> <input type="checkbox"/> Yes <input type="checkbox"/> Not yet
	<b>ADDRESS</b>			Postcode: _____
	<b>DATE OF BIRTH</b>	____/____/____	<b>GENDER</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutral
	<b>ALLERGIES</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes – details: _____		
	<b>CULTURE</b>	Please share any cultural information, e.g if your child/family identifies as Aboriginal/Torres Strait Islander, non English speaking background etc.		
	<b>ADDITIONAL INFORMATION</b>	Eg: Social/Emotional/Behavioural Concerns, Additional Needs, Allergies/Intolerances, Dietary Requirements etc – anything that will help us to support your child during their time with us, or any training we should have in preparation.		

<b>ENROLMENT REQUIREMENTS</b>	<b>AGE WHEN STARTING</b>	Yrs    mths	<b>ACTIVITY ROOM</b>	<input type="checkbox"/> Nursery (0-15m) <input type="checkbox"/> Toddlers (15m-2yrs) <input type="checkbox"/> Pre Kindy (2-3yrs) <input type="checkbox"/> Kindy (2.6yrs-4yrs) <input type="checkbox"/> Pre Prep (4yrs-5yrs) Minimum 3 days per week
	<b>DAYS REQ.</b>	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri		<b>START DATE</b> ____/____/____
	<b>FLEXIBLE WITH DAYS</b>	<input type="checkbox"/> No <input type="checkbox"/> If Yes, 2 <sup>nd</sup> option is: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri		
	<b>SESSION TYPE</b>	<b>SESSION TYPE</b>	<b>TIMEFRAME</b>	<b>DAILY</b>
	<input type="checkbox"/> SESSION 12	6.00am-6.00pm	12 hours	Not applicable
	<input type="checkbox"/> SESSION 10	7.00am-5.00pm	10 hours	6.30am-5.30pm
	<input type="checkbox"/> SESSION 9	7.30am-4.30pm	9 hours	7.15am-4.45pm

<b>PARENT/GUARDIAN DETAILS</b>	<b>SURNAME</b>		<b>SURNAME</b>	
	<b>GIVEN NAME</b>		<b>GIVEN NAME</b>	
	<b>RELATIONSHIP TO CHILD</b>		<b>RELATIONSHIP TO CHILD</b>	
	<b>DATE OF BIRTH</b>		<b>DATE OF BIRTH</b>	
	<b>ADDRESS</b> <small>(If same as child, write "As Above")</small>		<b>ADDRESS</b> <small>(If same as child, write "As Above")</small>	
	<b>MOBILE NUMBER</b>		<b>MOBILE NUMBER</b>	
	<b>EMAIL</b>			

<b>PRIORITY STATUS</b>	If you know your Priority Status, please tick below: P1 <input type="checkbox"/> Child at risk of serious abuse or neglect P3 <input type="checkbox"/> Parent/Child disability/additional needs P2 <input type="checkbox"/> Aboriginal/Torres Strait Islander P2 <input type="checkbox"/> Single parent working/studying/looking for work P2 <input type="checkbox"/> Family with all parent/s working/studying/looking for work P3 <input type="checkbox"/> None of the Above	<b>OFFICE USE ONLY</b>	<b>OFFER</b>	<b>Contacted by Centre</b> <input type="checkbox"/> ____/____/____ <input type="checkbox"/> ____/____/____
			<b>ENROLLED</b>	<input type="checkbox"/> Enrolment Fee Paid ____/____/____ <input type="checkbox"/> Enrolment Booklet issued ____/____/____ <input type="checkbox"/> Birth Certificate copied ____/____/____ <input type="checkbox"/> Immunisation Info copied ____/____/____ <input type="checkbox"/> PIN Code _____

## COMMUNICATION FROM FAMILIES

DATE & STAFF	METHOD OF CONTACT	REASON FOR CONTACT/INFORMATION SHARED	NOTES
___/___/___ Team Member _____	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Face2Face <input type="checkbox"/> Other	<input type="checkbox"/> Checking on vacancies/expressing interest <input type="checkbox"/> Change to Wait List requirements <input type="checkbox"/> Other	
___/___/___ Team Member _____	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Face2Face <input type="checkbox"/> Other	<input type="checkbox"/> Checking on vacancies/expressing interest <input type="checkbox"/> Change to Wait List requirements <input type="checkbox"/> Other	
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