

Living Faith Early Learning Centre



ENR.001 Wait List Application

V3 © QLECS 2017

The Waiting List Application fee (as per the Services Fee Schedule) must be paid upon submission of this application

** Payment methods accepted; Cheque, EFTPOS, Direct Banking Deposit and Credit Card*

Please note that the completion of this form does NOT secure a place; your child's name will be added to our waiting list and placed in accordance with the priority of access, as outlined below:

Places will be offered according to date received and age of child, in accordance with our policies and guidelines.

Priority age group for Kindergarten will be children who are 3.5 to 4.5 years of age as at 31st December of the year prior to enrolment in kindergarten. These are the children who will be Prep eligible the year after kindergarten.

Child's Name	<input type="text"/>	Year for enrolment	<input type="text"/>
Child's DOB	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Enrolment preferences <i>Please indicate the days you would like your child to attend, confirmation of your enrolment will be sent to you once availability is confirmed.</i>
Parent/Guardian Name	<input type="text"/>	Days	Arrival and Departure Times
Address	<input type="text"/>	Monday	<input type="checkbox"/> <input type="text"/> <input type="text"/>
		Tuesday	<input type="checkbox"/> <input type="text"/> <input type="text"/>
		Wednesday	<input type="checkbox"/> <input type="text"/> <input type="text"/>
		Thursday	<input type="checkbox"/> <input type="text"/> <input type="text"/>
		Friday	<input type="checkbox"/> <input type="text"/> <input type="text"/>
Contact number	<input type="text"/>		
Email	<input type="text"/>		

Priority of access Guidelines as set out by the Office of Early Childhood Education and Care for Approved Child Care Services

- Priority 1 - A child at risk of serious abuse and neglect
- Priority 2 - A child of two parents or single parent working/ training/studying
- Priority 3 - Any other child

Further details required, please tick any options that apply

- Aboriginal or Torres Straight Islander Family that includes a disabled person
- Single Parent family Culturally and/or linguistically diverse background

Parent/Guardian signature	<input type="text"/>	Date	<input type="text"/>
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Please return your form to the address below:

***Office use only**

Date application received:

Waiting list fee paid