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4120



Application for waiting list:

	Parent one	Parent two/other
First Name:	_____	_____
Last Name:	_____	_____
Date of Birth*	_____	_____
Home Address	_____	_____
Phone	_____	_____
Email Address	_____	_____

Child's information:

Given Names: _____ Last Name: _____

Date of birth: _____ Place of Birth: _____ Sex: M/F _____

Date Contacted (today) _____ Date to Start: _____

Ethnicity: _____ Language Spoken: _____ Religion: _____

Days Req'd (circle): Note that we have a 2 day minimum enrolment

MON TUE WED THUR FRI ANY: 2 / 3 / 4

* Please include parent date of birth, required to link to Centrelink

Sign: _____ Date: _____

Priority of access: (please circle priority)*

The centre must comply with enrolment priority and access guidelines set by FAO

1. A child at risk of serious abuse or neglect
2. A child of a single parent who satisfies, or of two parents who both satisfy the work/training/study test under Section 14 of the Family Assistance Act.
3. Any other child

* within each category, the following children are to be given priority:

- ❖ Children in Aboriginal and Torres Strait Islander families
- ❖ Children in families which include a disabled person
- ❖ Children in families with a non-English speaking background
- ❖ Children in socially isolated families
- ❖ Children of single parents

Special needs: Our centre is committed to providing quality child care for all children including those with special needs or medical conditions. If your child has a special need or a medical condition, please give details: