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**Campbelltown Community Children's Centre**

163A Montacute Rd,  
 Newton. SA 5074

**CHILDCARE WAITING LIST APPLICATION**

The completion of this form helps us to respond to your request for child care placement. You are encouraged to discuss any aspect of the form with the Director of the Centre and to have a look at the Parents Handbook which provides details about the centre and it's policies.

**CHILD'S DETAILS**

**Family Name:**

**Given Name:**

**Date of Birth:**  **Sex:**

**PROPOSED BOOKING DETAILS**

	MON	TUES	WED	THURS	FRI
<b>ARRIVE:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>DEPART:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Starting:**  for Wks  Or Until

**ACCESS GUIDELINES**

The Centre must comply with enrolment priority and access guidelines set by the Federal Government. To help us with this, **please tick the appropriate box.**

- First Priority**  A child at risk of serious abuse or neglect
- Second Priority**  A child of a single parent who satisfies, or of both parent who satisfy the work/training/study test.
- Third Priority**  Any other child

With each above category the following children are given priority.

- \* Children in Aboriginal and Torres Strait Islander families
- \* Children in families which include a disabled person
- \* Children in families that include an individual whose taxable income % to the assistance office is 100%
- \* Children in families with a non-English speaking background
- \* Children in socially isolated families
- \* Children of single parents

**PARENT / GUARDIAN APPLYING**

**NAME:**

**RELATIONSHIP TO CHILD:**

**PHONE:**  **WORK:**

**ADDRESS:**

**SUBURB:**  **POST CODE:**

**APPLICATION**

I wish to apply for placement as detailed above at Campbelltown Community Children's Centre. I understand that I must complete a Child Care Benefit form and submit it to Centrelink if I intend to claim such assistance.

I understand that to maintain this place on the waiting list, I/We need to contact the centre at least every three months to confirm our interest. Not doing so may result in deletion of this application from the waiting list.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Date	Notes	OFFICE USE ONLY
Has Enrolment Forms	_____ Returned	_____
CCB Informed	_____ On Comp	_____ Has Handbook