

# TAILORED CHILDCARE MANAGEMENT

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**T C M**  
TAILORED CHILDCARE  
MANAGEMENT

## Waiting List Application Form

(Office Use: \_\_\_/\_\_\_/\_\_\_ Date received.)

### CENTRE (please tick)

- Alphabet Express**  
18 Albert St, GOODNA Qld 4300 Phone: (07) 3818 9996
- Cross-Country Kids Childcare** (Opening Dec 2008 / Jan 2009)  
Winn Road, MT SAMPSON Qld Phone: 0422 083 522
- Greenslopes Childcare Centre**  
100 Denman St, GREENSLOPES Qld 4120 Phone: (07) 3394 2366 Fax: C/- (07) 3359 6555
- Little Kookas Kingsthorpe Childcare**  
20 North St, KINGSTHORPE Qld 4400 Phone: (07) 4699 3741 Fax: (07) 3359 6555
- McDowall Village Childcare**  
Cnr Becketts and Hamilton Roads, MCDOWALL Qld 4053 Phone: (07) 3353 5511 Fax: (07) 3353 8893

**Parent One:** (This is to be completed by the parent who will be linked to the Family Assistance Office (FAO) for Child Care Benefit (CCB) and Child Care Tax Rebate (CCTR) purposes. The name on this form MUST be the same as the name you have or will register with at the Family Assistance Office. If the names are not the same your information will not be able to be cross referenced electronically and you may not receive CCB or CCTR.)

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

CRN/DSS (If known): \_\_\_\_\_

### **Parent Two:** (or other guardian living with the child)

Surname: \_\_\_\_\_ First Name/s: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Non Resident Parent:** Is this parent authorised to collect? Yes No

Full Name: \_\_\_\_\_ Please circle: *Mother* *Father*

Address: \_\_\_\_\_ Phone Number at that address: \_\_\_\_\_

How often is the child at this address? \_\_\_\_\_

Work Place and Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

## CHILDREN FOR ENROLMENT

**1. FAMILY NAME:** \_\_\_\_\_ **FIRST NAME/s:** \_\_\_\_\_ M/F  
DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ **NUMBER OF DAYS REQUIRED:** (Please circle) 1 2 3 4 5  
**DAYS OF CARE REQUIRED FOR WORK COMMITMENTS:** (Please circle) Mon Tue Wed Thur Fri  
CRN/DSS (If known): \_\_\_\_\_ **Preferred Start Date:** \_\_\_/\_\_\_/\_\_\_

**2. FAMILY NAME:** \_\_\_\_\_ **FIRST NAME/s:** \_\_\_\_\_ M/F  
DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ **NUMBER OF DAYS REQUIRED:** (Please circle) 1 2 3 4 5  
**DAYS OF CARE REQUIRED FOR WORK COMMITMENTS:** (Please circle) Mon Tue Wed Thur Fri  
CRN/DSS (If known): \_\_\_\_\_ **Preferred Start Date:** \_\_\_/\_\_\_/\_\_\_

*Please add any additional children's details on another piece of paper.*

Office Use Only: Family Code: \_\_\_\_\_ Child 1: \_\_\_\_\_ Child 2: \_\_\_\_\_ Child 3: \_\_\_\_\_

these are a "rough" order of priority, please tick only **one** box.

- Child/ren are at risk of abuse and are being referred by State Government (Highest Priority/ ONE)
- Both (or sole parent) are working, seeking work, studying or training. (Priority TWO)
- A parent or child in the family has a disability. (Priority THREE)
- A parent (not working) has been encouraged by a doctor or counsellor to seek respite care. (Priority THREE)
- There are a number of young children in the home. (Priority THREE)
- The family is seeking an educational program for a young child. (Priority THREE)
- Other: please indicate: \_\_\_\_\_

Our Service has an internal priority of placement policy within each of these categories.

### OTHER CONTACTS

Please provide details of other parents, grandparents, aunts and uncles who may be in contact with you should we have difficulty in reaching you:

**FULL NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

*Please complete the questions below:*

**How did you find out about our centre?**

Mailbox leaflet  Newspaper ad  Yellow Pages  Saw the sign  Word of Mouth (who? \_\_\_\_\_)

Internet  Other \_\_\_\_\_

**What times of the day would you be likely to drop off and collect your child:**

**From:** \_\_\_\_\_ am **To:** \_\_\_\_\_ pm

**What schooling plans have you made for your child/ren?**

\_\_\_\_\_

*We look forward to building a great partnership with you in the care and education of your child.*