

WAITLIST APPLICATION FORM

Service: Kensington Perth Airport Joondalup *(Please Tick)* **Date:** _____

Child details (1):	Date of birth: _____
Surname: _____	First name: _____
Additional needs: _____	
Dietary needs: _____	
Medical conditions or diagnosed disability: _____	
Allergies or health requirements: _____	
Days of care required (M-Fri): _____	Day Care Required From: _____

Child details (2):	Date of birth: _____
Surname: _____	First name: _____
Additional needs: _____	
Dietary needs: _____	
Medical conditions or diagnosed disability: _____	
Allergies or health requirements: _____	
Days of care required (M-Fri): _____	Day Care Required From: _____

Parent Details:

Attended tour: YES / NO

Parent's Name/s: _____

Address: _____ Post code: _____

Home phone: _____ Employer: _____

Work phone: _____

Mobile: _____ Email: _____

I understand that it is my responsibility to keep the service updated by confirming interest in my Childs position regularly (every 6-8 weeks)

I understand that this waitlist application does not guarantee a position for my child within the service.

Priority of Access (*please tick*)

- Child at risk (Department for Child Protection)
- Child or parent Aboriginal or Torres Strait Islander Background
- Child or parent with a disability
- Child with single parent who is working/studying/training
- General Community – both parents working
- General Community – respite care

Ngala Perth Airport

- Perth Airport or the business precinct

Please specify: