



Early Learning Centre

Early Learning Centre Waiting List Application Form

Waiting List Application fee \$44.00 per child (inc GST) must be paid upon submission of this application. This application fee is non-refundable.

Private and Confidential

This is an Application Form only and does **NOT guarantee** a place for your child. Vacancies at the Centre are filled according to the Priority of Access guidelines set by the Government and by the length of time your child's name has been on our waiting list.

CHILD NAME/S (BLOCK LETTERS):

GIVEN NAME: _____ SURNAME: _____ D.O.B: _____ MALE / FEMALE

GIVEN NAME: _____ SURNAME: _____ D.O.B: _____ MALE / FEMALE

GIVEN NAME: _____ SURNAME: _____ D.O.B: _____ MALE / FEMALE

PARENT / GUARDIAN DETAILS (BLOCK LETTERS):

1. GIVEN NAME: _____ SURNAME: _____ EMAIL: _____

2. GIVEN NAME: _____ SURNAME: _____ EMAIL: _____

PHONE: _____ WORK: _____ 1. MOBILE: _____ 2. MOBILE: _____

ADDRESS: _____

COMMENCEMENT DATE REQUIRED CHILD 1: _____ CHILD 2: _____ CHILD 3: _____

ENROLMENT PREFERENCES (PLEASE INDICATE THE DAYS YOU WOULD LIKE YOUR CHILD TO ATTEND, CONFIRMATION WILL BE SENT ONCE AVAILABILITY IS CONFIRMED)

MONDAY

CHILD 1 TIMES: _____ CHILD 2 TIMES: _____ CHILD 3 TIMES: _____

TUESDAY

CHILD 1 TIMES: _____ CHILD 2 TIMES: _____ CHILD 3 TIMES: _____

WEDNESDAY

CHILD 1 TIMES: _____ CHILD 2 TIMES: _____ CHILD 3 TIMES: _____

THURSDAY

CHILD 1 TIMES: _____ CHILD 2 TIMES: _____ CHILD 3 TIMES: _____

FRIDAY

CHILD 1 TIMES: _____ CHILD 2 TIMES: _____ CHILD 3 TIMES: _____

PLEASE NAME YOUR PRIORITY GROUP (PLEASE TICK THE BOX THAT APPLIES)

- PRIORITY 1 (CHILD AT RISK OF SERIOUS ABUSE AND NEGLECT)
- PRIORITY 2 (CHILD OF TWO PARENTS OR SINGLE PARENT WORKING/TRAINING/STUDYING)
- PRIORITY 3 (ALL OTHER CHILDREN)

DO YOU IDENTIFY WITH ANY OF THESE GROUPS? (PLEASE TICK THE BOXES THAT APPLY)

- ABORIGINAL OR TORRES STRAIT ISLANDER
- FAMILY MEMBER WITH DISABILITY
- NON-ENGLISH SPEAKING BACKGROUND
- SOCIALLY ISOLATED FAMILY

SIGNATURES

FIRST PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

SECOND PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

PLEASE RETURN FORM AND PAYMENT TO ST ANDREWS LUTHERAN COLLEGE

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