

# ESSEX HEIGHTS JUNIORS

## Enquiry Application Form

Date of Application: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Room to commence in: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special needs: \_\_\_\_\_

When is the place required? \_\_\_\_\_

Time child will be arriving (approx.) \_\_\_\_\_

Time child will be departing (approx.) \_\_\_\_\_

**Days of care required: Please circle days required**

Monday      Tuesday      Wednesday      Thursday      Friday

Name of Parent: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

**PRIORITY OF ACCESS GUIDELINES FOR CENTRE BASED LONG DAY  
CARE SERVICES SET BY COMMONWEALTH GOVERNMENT**

<b>FIRST PRIORITY</b>	<b>A child at risk of serious abuse or neglect</b>
<b>SECOND PRIORITY</b>	<b>A child of a single parent who satisfies, or parents that satisfy the conditions of work/training/study</b>
<b>THIRD PRIORITY</b>	<b>Any other child</b>

To allow us to determine your child's priority position, please tick the following categories if they apply to your child:

- Children in Aboriginal & Torres Straight Islander families;
- Children in families that include a disabled person;
- Children in families which include an individual whose taxable income% under Clause 7 of schedule 2 to the Family Assistance Act is 100%
- Children in families with a non- English speaking background
- Children in socially isolated families
- Children of single parents

I acknowledge that all the information supplied on this form is correct at the time of enquiring and any changes will be passed on to the service before accepting a position at Essex Heights Juniors.

I understand that if Essex Heights Juniors attempts to contact the given number over two weeks and they do not receive a response that my child's name will be taken off the waiting list.

Signed: \_\_\_\_\_

**How did you hear about us? (please circle)**

Internet      Friend      On site signage      Council referral      Other \_\_\_\_\_

**Future communication and follow ups:**