



# Morisset and District Children's Centre

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## WAITING LIST APPLICATION

Child's Surname:..... First Name:.....

Date of Birth:..... Age:..... Sex:.....

Address:.....

.....Post Code:.....

Child's CRN: ..... Toilet Trained?: Yes / No

### Parent/ Guardian 1 (Please write clearly)

Surname:.....First Name:.....

Occupation:.....Employer:.....

Phone (home):.....(work):.....(mobile):.....

Email address: .....Parent CRN: .....

### Parent/ Guardian 2 (Please write clearly)

Surname:.....First Name:.....

Occupation:.....Employer:.....

Phone (home):.....(work):.....(mobile):.....

Email address: .....

1. Which days each week? Please circle those that apply to your work/ study.

**Mon**                      **Tue**                      **Wed**                      **Thur**                      **Fri**

2. When do you require this position?.....

3. Does your child have any additional needs? e.g speech, hearing, behaviour, physical, dietary, allergy

.....

4. How did you find out about our centre?.....

5. Are you registered for the Child Care Subsidy (CCS) with Centrelink? Yes / No

6. All positions are given on Priority of Access Guidelines- Please circle the category that applies to you

**Priority 1:** A child at risk of serious abuse or neglect

**Priority 2:** A child of a single parent who satisfies, or of parents who both satisfy, the work/ training/ study test under section 14 of the Family Assistance Act

**Priority 3:** Any other child

**Please contact us every three months to maintain your position on the waiting list**

**Office Use Only**    Date Applied:.....                      Priority: 1   2   3

**Room:** Jellyfish room    Starfish room    Seahorse Room    **Comments:**.....