

WAITLIST APPLICATION

Date of Application		Tour Date	
Child's Name			
Date of Birth		Preferred Start Date	

Guardian 1	Guardian 2
Name: _____	Name: _____
Address: _____ _____	Address: Same as Guardian 1 _____ _____
Date of Birth: _____	Date of Birth: _____
CRN: _____	CRN: _____
Mobile: _____	Mobile: _____
Email: _____	Email: _____
Occupation: _____	Occupation: _____
Work/Study Commitments: Full Time Part Time	Work/Study Commitments: Full Time Part Time

Please write a number (1, 2) in the box for first and second preference of days.			
2 Day Option	3 Day Option*	4 Day Option	5 Day Option
<input type="checkbox"/> Monday/Tuesday	<input type="checkbox"/> Wednesday/Thursday/Friday	<input type="checkbox"/> Monday/Tuesday/Thursday/Friday	<input type="checkbox"/> Monday-Friday
<input type="checkbox"/> Monday/Wednesday	<input type="checkbox"/> Tuesday/Thursday/Friday	<input type="checkbox"/> Monday/Tuesday/Wednesday/Thursday	
<input type="checkbox"/> Monday/Thursday	<input type="checkbox"/> Tuesday/Wednesday/Friday	<input type="checkbox"/> Tuesday/Wednesday/Thursday/Friday	
<input type="checkbox"/> Tuesday/Friday	<input type="checkbox"/> Monday/Wednesday/Thursday	<input type="checkbox"/> Monday/Wednesday/Thursday/Friday	
<input type="checkbox"/> Wednesday/Friday	<input type="checkbox"/> Monday/Tuesday/Thursday	<input type="checkbox"/> Monday/Tuesday/Wednesday/Friday	
<input type="checkbox"/> Thursday/Friday	<input type="checkbox"/> Monday/Tuesday/Wednesday		
	<input type="checkbox"/> Monday/Tuesday/Friday		
	<input type="checkbox"/> Monday/Thursday/Friday		
	<input type="checkbox"/> Monday/Wednesday/Friday		

*Kindergarten aged children are expected to attend a minimum of 3 days

How did you hear about us?	Friend or family recommendation Website Facebook Drive by Google School recommendations Local Ads
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**Priority of access guidelines for Long Day Care Services set by
Commonwealth Government 2000**

First Priority	A child at risk of serious abuse or neglect
Second Priority	A child of a single parent who satisfies, or parents who both satisfy the work/study category
Third Priority	Any other child

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

- Children in Aboriginal and Torres Strait Islander Families;
- Children in families which include a family member who requires additional support;
- Children in families on lower incomes;
- Children in families with a non-English speaking background;
- Children in socially isolated families;
- Children of single Parents.

Within these guidelines, families who have present/past children at The Gap Montessori have priority of access.

I acknowledge that all information supplied on this form is correct at time of signing.

Signed: _____ Date: _____

Please return forms to director@thegapmontessori.com.au or 177-181 Payne Rd THE GAP 4061.
If you have any questions, please do not hesitate to contact us at the above email or at 07 3300 2227.

OFFICE USE ONLY			
Waitlist received		Waitlist entered	
Parent contact date/s & Additional Info:			
Date Position Offered		Date Accepted	
Room		Start Date	
Days Offered			
Date information entered into system		Enrolment Forms Received	