



## Wait list application form

Details of parent/guardian					Date			
First name				Surname				
Home address								
	Suburb			State			Postcode	
Home phone				Mobile phone				
Email								
Child details								
Name				Date of birth				
Start date				Gender				
Days and times care is required	Mon	Tue	Wed	Thur	Fri	Sat	Sun	
	am	am	am	am	am	am	am	
	pm	pm	pm	pm	pm	pm	pm	
Any other requirements? E.g. pre-school pick medical needs								

### Priority of access

The Commonwealth Priority of Access Guidelines are primarily referred to by approved services to allocate available child care places where there are more families requiring care than places available. Please tick yes or no for the following questions:

Please indicate your situation:	Yes	No
Both parents working, studying to enter the workforce or seeking employment?		
Single parent?		
Aboriginal or Torres Strait Islander child?		
Family member with a disability?		
Family on low income? (an individual whose adjusted taxable income does not exceed the lower income threshold of \$43,727 for 2015-2016, or who or whose partner are on income support)		
Culturally & linguistically diverse background?		
Socially isolated family with no support network?		

Please complete this form and return to:  
 Alice Springs Family Day Care  
 Suite 8, Cinema complex, Leichhardt tce,  
 Alice Springs, 0870  
[office@asfdc.org.au](mailto:office@asfdc.org.au)  
 08 89523406

Please note: The waitlist is managed weekly. To ensure your position on the waitlist it is expected that monthly contact be provided to verify your application currency.