**Waiting List Form**

***Confidential***

*B O U N D A R Y L A N E*

*C H I L D R E N ’ S C E N T R E*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of application |  | | | | | | | | |
| Child’s last name |  | | | | Male   | | | Female   | |
| Given names (if known) |  | | | | | | | | |
| Residential address |  | | | | | | | | |
|  | | | | | | Postcode: | | |
| Date of Birth/Expected DOB |  | | | | | | | | |
| Date Care Required |  | | | | | | | | |
| Days of Care Required | MON   | TUE   | WED   | | | THUR   | | | FRI   |
| **FAMILY DETAILS** | **Parent 1 / Guardian 1** | | | **Parent 2 / Guardian 2** | | | | | |
| Surname |  | | |  | | | | | |
| Given Names |  | | |  | | | | | |
| Phone Numbers | H | | | H | | | | | |
| W | | | W | | | | | |
| M | | | M | | | | | |
| E-mail Address |  | | |  | | | | | |
| Are you staff or student at the University of Sydney? | YES   NO  | | | YES   NO  | | | | | |
| Occupation |  | | |  | | | | | |
| Course / Dept /Faculty  (If applicable) |  | | |  | | | | | |
| Number of dependent children (other than the enrolling child) | | | |  | | | | | |
| Sibling(s) enrolled/on waiting list at BLCC | | | |  | | | | | |

*128-146 Burren Street, Newtown NSW 2042*

*Phone: 9351 0134*

*Email:* [*boundary.lane@sydney.edu.au*](mailto:boundary.lane@sydney.edu.au)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PRIORITY CODES (please tick if applicable)** | | | | |
| 1. Workforce participating or training |  | 3. Dep referred / Child at risk | |  |
| 2. Child with disability |  | 4. Parent(s) at home | |  |
| **CATEGORIES (please tick if applicable)** | | | | |
| a) Both parents working |  | f) Non-English speaking background | |  |
| b) Student mother |  | g) Aboriginal / Torres Strait  Islander family | |  |
| c) Student father |  | h) Handicapped parent | |  |
| d) Sole parent |  | i) Handicapped child | |  |
| e) Low income |  | j) Socially isolated family | |  |
| Any special circumstances relating to your application: | | | | |
| If you no longer require care, please notify us so your child’s name will be removed from our waiting list.  Please note that we do not send out re-confirmation forms for your waiting list position annually. Your child’s name will be on our waiting list until **we offer you a place** or **you call us to inform his/her enrolment to another centre** or **your child reaches school age and starts school.**  Completed waiting list form can be emailed to [boundary.lane@sydney.edu.au](mailto:boundary.lane@sydney.edu.au). Emailed waiting list forms will not be entered onto our waiting list register unless followed through with $10.00 payment in the mail or direct deposited into our bank account. A payment of $10.00 to secure a placement on the waiting list (cash or cheque made payable to Boundary Lane CC) should be forwarded with this form to:  Boundary Lane Children’s Centre Bank account details: University of Sydney Bank name: CBA Building C37F BSB: 062-284  NSW, 2006 Account no: 1054 6314  Account name: Abercrombie St CC Ltd  Reference: Parent’s OR child’s name  Thank you. | | | | |
| Name: | | | Signature: | |
| Relationship to child: | | | Date: | |