

**CAIRNS TAFE COMMUNITY CHILD CARE CENTRE**

2 NEWTON STREET, MANUNDA QLD 4870  
PH: 07 4052 1825 Fax:07 4052 1317

<b><u>Application for waiting list:</u></b>	<b><u>Parent one</u></b>	<b><u>Parent two/other</u></b>
<u>First Name:</u> .....	.....	.....
<u>Last Name:</u> .....	.....	.....
<u>Home Address:</u> .....	.....	.....
.....	.....	.....
<u>Home Phone:</u> .....	.....	.....
<u>Work/Mobile:</u> .....	.....	.....

**Child's Details:**

Given Name: ..... Middle Name: .....

Last Name: ..... Sex: Male / Female

Date of Birth: ..... Place of Birth: .....

Language Spoken: ..... Religion: ..... Ethnicity: .....

Immunised: Yes / No      Food Allergies: Yes / No .....

**Note:** if your child is not immunised  
you may not be eligible for Child care benefit. ....

Days req'd:

Mon	Tue	Wed	Thurs	Fri
.....	.....	.....	.....	.....

**Priority of Access:** (please circle priority)

Note: The centre must comply with enrolment priority and access guidelines set by the FAO

1. Age                      2. Tafe Student                      3. Tafe Employee                      4. Date of Application
5. Current Siblings attending                      6. Days required                      7. AMEP Student

Please indicate preferred start month/date: .....

Special needs: our centre is committed to providing quality child care for all children including those with needs or medical condition? If yes, please give details: .....

Sign: ..... Date: .....

<b><u>(office use)</u></b>	Mon	Tue	Wed	Thu	Fri	<b>JFA: yes / no</b>
<b>Days given:</b>	.....	.....	.....	.....	.....	<b>AMEP: yes / no</b>
<b>Comments:</b> .....						