

Waiting List Registration Form

Our Vision As partners in proclaiming the message of Jesus Christ, Sydney Catholic Early Childhood Services (SCECS) promotes the pastoral outreach of Parish and school communities by supporting the needs of families and young children.

SERVICE NAME:					
CHILD'S DETAILS					
Full Name:					
Preferred Name:					
Street Address:					
Suburb:		Postcode:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
Date of Birth:					
Country of Birth:					
Languages spoken at home:					
SIBLINGS DETAILS					
Full Name:		Date of Birth:			
Full Name:		Date of Birth:			
Full Name:		Date of Birth:			
SIGNIFICANT PEOPLE IN CHILD'S LIFE					
Full Name:		Relationship:			
Full Name:		Relationship:			
Full Name:		Relationship:			
Full Name:		Relationship:			
DAYS REQUIRED					
Early Childhood Services (ECS) - please tick below each day you require care					
Monday	Tuesday	Wednesday	Thursday	Friday	
Out of School Hours Care (OSHC) – please tick below each day you require care					
	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					
PARENT/GUARDIAN DETAILS					
Parent 1/Guardian 1					
Full Name:					
Relationship to Child:					
Street Address:					
Suburb:		Postcode:			
Home Phone:		Work Phone:			
Personal Email:		Personal Mobile:			
Occupation (job title/student/seeking employment/other):					
Work Mobile:		Work Email:			
Work/Study Address:		Postcode:			
Country of Birth:					
Languages spoken at home:					

NOTE: It is important to update the service with any changes to information so Sydney Catholic Early Childhood Services (SCECS) have all relevant details to cater to your individual family circumstance. If you no longer require care please notify the service.

Parent 2/Guardian 2			
Full Name:			
Relationship to Child:			
Street Address:			
Suburb:		Postcode:	
Home Phone:		Work Phone:	
Personal Email:		Personal Mobile:	
Occupation (job title/student/seeking employment/other):			
Work/Study Address:		Postcode:	
Work Mobile:		Work Email:	
Country of Birth:			
Languages spoken at home:			
ADDITIONAL INFORMATION			
Religion:			
Are you of Aboriginal or Torres Strait Islander descent: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your child have an additional need? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please specify the additional need:			
Does the family have a Health Care Card: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you accessing the National Disability Insurance Scheme (NDIS): <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your child's family from a non-English speaking background: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your child in a socially isolated family: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your child of a single parent: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your child in a refugee family: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to above, are you eligible to receive the Commonwealth Government's Child Care Subsidy (CCS): <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Visa:		Visa Number:	
Is your child in an Asylum Seeking Family: Yes No			
If yes to above:			
- have you been referred by Jesuit Refugee Service: <input type="checkbox"/> Yes <input type="checkbox"/> No			
- are you on a Bridging Visa which cannot access Commonwealth Government Child Care Subsidy (CCS) : Yes No			
Type of Visa:		Visa Number:	
Does your child have a serious illness: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please specify the serious illness:			
Does your child have Asthma: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your child have Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your child have Anaphylaxis: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your child have Epilepsy/Seizures: Yes No			
Does your child have Diabetes: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your child require regular medication: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your child require regular medical procedures: Yes No			
NOTE: If you have answered 'yes' to any of the above questions further information will be required prior to commencement at the service. (e.g. Action Plans, Medical Reports, Therapist Reports, etc). You will also be required to provide the service with a copy of your child's Birth Certificate and Immunisation History Statement.			

NOTE: It is important to update the service with any changes to information so Sydney Catholic Early Childhood Services (SCECS) have all relevant details to cater to your individual family circumstance. If you no longer require care please notify the service.

PRIORITY OF ACCESS GUIDELINES

Each Sydney Catholic Early Childhood Service (SCECS) must adhere to the Commonwealth Government Priority of Access Guidelines.

- Priority 1:** a child at risk of serious abuse or neglect
Priority 2: a child of a single parent or parents who satisfy the work/training/study test under Section 14 of the 'A New Tax System (Family Assistance) Act 1999'
Priority 3: any other child.

Within these main categories, priority should also be given to the following children:

- children in Aboriginal and Torres Strait Islander families
- children in families which include a disabled person
- children in families which include an individual whose adjusted taxable income does not exceed the lower income threshold, or who or whose partner is on income support
- children in families from a non-English speaking background
- children in socially isolated families
- children of single parents

SCECS Outside School Hours Care (OSHC) is primarily for school children. A service may ask a child not yet in school to leave care if the parent of a child who is in school applies for a place.

HOW DID YOU HEAR ABOUT US?

- Recommended by friend or colleague
- Mail box drop
- Social media
- Parish / Church
- Drive by location
- Search engine
- Local advertisement
- Other:

AUTHORISATION

Date:	
Parent/Guardian Name:	
Parent/Guardian Signature:	