



Wait List Form

(03) 9689 4130

saltccc@kindergarten.vic.gov.au

INSTRUCTIONS:

Complete this form to register for Saltwater Child Care's waitlist. One (1) registration form is required for each child. We will send you an email to confirm that you have been added, and seek any further information, if required.

I WISH TO REGISTER MY CHILD TO ATTEND:

- ☐ Long Day Care
- ☐ Three-Year-Old Integrated Kindergarten
- ☐ Four-Year-Old Integrated Kindergarten

CHILD'S DETAILS (as stated on Birth Certificate) **Please attach your child's Birth Certificate when sending through this form**

Given Name:

Date of Birth:

Gender:

- ☐ Male
- ☐ Female
- ☐ Prefer not to say

Is this child of Aboriginal and/or Torres Strait Islander:

- ☐ No
- ☐ Both
- ☐ Yes, Aboriginal
- ☐ Yes, Torres Strait Islander
- ☐ Prefer not to say

Child's Country of Birth/ Language spoken at home:

PARENT/GUARDIAN 1 DETAILS (child's primary carer) Please note: Parent/Guardian 1 information will be used for all correspondence.

Title: ☐ Mr ☐ Miss ☐ Mrs ☐ Ms ☐ Dr ☐ Other: _____

Given Name(s):

Contact Number:

Email Address:

Relationship to the child:

Current Residential Address including suburb and postcode:

PARENT/GUARDIAN 2 DETAILS:

Title: ☐ Mr ☐ Miss ☐ Mrs ☐ Ms ☐ Dr ☐ Other: _____

Given Name(s):

Contact Number:

Email Address:

Relationship to the child:

Current Residential Address including suburb and postcode:

CHILD INFORMATION (additional needs and support) If yes for any of the following, please attach supporting documentation within your email). Saltwater gives priority to some families based on their specific circumstances.

Does this child have a developmental delay, disability (including intellectual, sensory or physical limitation) or complex medical condition/need?

☐ Yes, please provide details below:

☐ No

Are you or this child known to Child Protection or Child FIRST?

☐ Yes, please provide details of agency and/or services below:

☐ No

Has this child or family been referred to a support agency? e.g. Early Intervention, Family Services.

☐ Yes, please provide details of agency and/or services below:

☐ No

Does the child live in a family which includes a person with a diagnosed need or disability?

☐ Yes, please provide details below:

☐ No

Is this child currently in an Out of Home Care arrangement including kinship care?

☐ Yes, please provide details of agency and/or services type below:

☐ No

Out of home care is the term used to describe the placement of children away from their parents, due to concern that they are at risk of significant harm

MUNICIPAL LINK

Do you currently live within Maribyrnong City Council area? **Please attach proof of residential address when sending through this form.**

☐ Yes

☐ No

If no, do you currently work, study or train within the Maribyrnong City Council Area? **Please attach proof of employment and/or study when sending through this form**

☐ Yes

☐ No

Does a sibling of this child currently attend Saltwater Child Care? If yes, please provide the sibling's name. If no, leave blank.

LONG DAY CARE REQUIREMENTS

When choosing your start date please consider that the majority of places become available at the beginning of every year. **This application does not guarantee a place will be available at your nominated start date.**

Date of care required from:

Preferred days of care required:

☐

Monday

☐

Tuesday

☐

Wednesday

☐

Thursday

☐

Friday

Can these days be flexible?

☐

Yes

☐

No

Our qualified Early Childhood Teachers deliver a government-funded integrated kinder program within our long day care setting. Families benefit from flexible hours, convenient drop-off and pick-up, and fee subsidy during school terms.

DECLARATION

I declare that the information provided in this form is true and correct.

Print name of parent/guardian:

Parent/guardian signature:

Date:

Privacy information

The collection and handling of personal information will be conducted in accordance with Saltwater Child Care Centre's Privacy Policy which is available for inspection at our service or can be requested.

Completed registration forms can be returned by:

Email: saltccc@kindergarten.vic.gov.au

In person: 14 Nicholson Street, Footscray 3011