



**Shinetime Childcare**

1A Foam street Elwood, Victoria 3184

Ph: [03] 8589 6841

[admin@elwoodchildcarecentershinetime.com.au](mailto:admin@elwoodchildcarecentershinetime.com.au)

**2016 WAITING LIST APPLICATION**

Please read the Application Information before completing this form

Fee: Application fee is \$100 fully refundable  payment attached  payment made previously

**Child Details**

FAMILY NAME: ..... FIRST NAME: .....  
DATE OF BIRTH: ..... SEX:  M  F

**Family Details**

**PARENT/GUARDIAN 1**

FAMILY NAME:..... FIRST NAME: .....  
ADDRESS:.....  
SUBURB:..... POSTCODE .....  
EMAIL: .....  
PH. (H) ..... (W) ..... MOBILE .....  
OCCUPATION: .....

**PARENT/GUARDIAN 2**

FAMILY NAME:..... FIRST NAME: .....  
ADDRESS (if different from address of Parent/Guardian 1 above)  
.....  
SUBURB:..... POSTCODE .....  
EMAIL: .....  
PH. (H) ..... (W) ..... MOBILE .....  
OCCUPATION: .....

What language(s) do you usually speak at home? .....

Is each parent working, studying or looking for work for at least 30 hours per fortnight?  Yes  No

Is your child of Aboriginal or Torres Strait Islander descent?  Yes  No

Is your annual combined family income less than \$43,727?  Yes  No

Is there a member in your household with a disability? (If yes, provide details below)  Yes  No

Have you arrived from another country in the past 12 months?  Yes  No

Have you arrived from interstate or country Victoria in the past 12 months?  Yes  No

What are your current child care arrangements? .....

If you are currently using a child care service, what is your Child Care Benefit percentage? .....

Any additional information to support your application:.....  
.....  
.....  
.....

**NB Evidence of immunisation is required for enrolment.**

## Booking details

Your application can be considered for this center. Please indicate a single choice, or number

The centre maintains its own waiting list.

box(es). If your requirements are more flexible, please describe, eg 'any 3 days', any 3 mornings except Friday'.

	Monday	Tuesday	Wednesday	Thursday	Friday
Full day					

Do you wish to be notified if sessions other than these are available?  YES  NO

Approximately when would you like to begin care (month/year)? .....

SIGNED ..... DATE .....

All sections of this form need to be completed.  
 This form will be kept for the current year only and will be destroyed at the end of December 2016. This form will be kept in the Waiting List applications folder, Administration Office, 1A Foam street Elwood, Victoria 3184.  
 The information provided will solely be used for allocating child care places at one of the Shinetime Childcare. [admin@elwoodchildcarecentershinetime.com.au](mailto:admin@elwoodchildcarecentershinetime.com.au)

# WAITING LIST APPLICATION FEE

## CREDIT CARD PAYMENT SLIP – NEW APPLICATIONS ONLY

Payment need only be made once – if you have paid the \$100.00 fee previously you are not required to pay it again, however you need to indicate on your Waiting List form that the fee has been paid previously.

**Please return all 3 pages of this form to:**  
Email: [admin@elwoodchildcarecentersshinetime.com.au](mailto:admin@elwoodchildcarecentersshinetime.com.au)  
Phone: [03] 8589 6841  
Post: 1A Foam street Elwood,Victoria 3184

Payment to: Shinetime Childcare

Application fee for: .....  
(name of child)

I give authority to debit my:  VISA  CVV  
 MASTERCARD

For the amount of **\$100.00**

Cardholder's Name: .....

Cardholder's Signature: .....

Email address for receipt: .....

Card number:

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Card Expiry Date: ..... / .....

CVV Number:

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