

Margaret River Community Centre for Children
Application for a Permanent Place



Date of application _____

To start _____ (if a place becomes available)

Child's name: _____ D.o.B. _____ M/F

Does your child have a disability? No/Yes If yes, what is the diagnosis?
 (This question relates to priority of access) _____

Does your child identify as Aboriginal or Torres Strait Islander? No/Yes

Parent 1

Parent 2

Name: _____

Home Phone: _____

Mobile: _____

Work Phone: _____

Email: _____

Priority of Access:

Not working / Studying / Working / Looking for Work

Not working / Studying / Working / Looking for Work

Disability?

No/Yes (diagnosis): _____

No/Yes (diagnosis): _____

Aboriginal or Torres Strait Islander?

No/Yes

No/Yes

Number of Days Requested (if available) _____

Preferred Days

a) No preference (flexible)

OR

b) Preferred Days Indicated Below

Preference	Monday	Tuesday	Wednesday	Thursday	Friday
1					
2					
3					

(Please inform us if any of the information above changes, as this is used to determine priority of access to places, and to contact you if a place becomes available. If we attempt to contact you to offer a place, you will usually have about 24 hours to respond, and 72 hours to pay a deposit to secure the place. If you do not respond in the required time the place may be offered to another on the waiting list.)