



Little Lambs Early Learning Centre
 115 Eumundi Road
 NOOSAVILLE QLD 4566
 PH: 07 5455 8688; FAX: 07 5449 8086
 Email: littlelambs@gslc.qld.edu.au
 ABN: 73 379 652 288

Office Use Only:

Application Date:

Room

- GSLC PRIORITY
- All permission forms are signed
- Contact details are completed fully
- Emergency contacts have been nominated
- Immunisation schedule sighted
- Additional needs have been clearly defined
- Enrolment induction checklist completed

Waiting List Only: No payment required

(This is not confirmation of a placement)

APPLICATION FOR WAITING LIST STARTING YEAR FOR

Pre- Kindy: _____ **Kindy:** _____

Dear Parent/Guardian,

Welcome to **Little Lambs Early Learning Centre**. To assist us in providing care for you and your child, please complete the following waiting list form fully and accurately. We understand that paper work can be time consuming however this information will help us to provide individualised care that meets the specific needs of your child. If enrolling more than one child, please use a separate form for each child.

Please ensure you have filled out the year you wish your child to begin. Please note children already within the service are given priority for the Kindergarten room enrolments. If you are not enrolled prior to the kindy year, your child's position may be offered in the mixed aged group only. Please do not hesitate to ask for assistance.

CHILD'S DETAILS				Enrolment Details			
First Name				Booked Days:		Arrival Time:	Departure Time:
Last Name				Monday	<input type="checkbox"/>		
Other name(s) the child is known by				Tuesday	<input type="checkbox"/>		
Child CRN (this information is required for CCMS)				Wednesday	<input type="checkbox"/>		
Date of Birth:		M <input type="checkbox"/>	F <input type="checkbox"/>	Thursday	<input type="checkbox"/>		
Place of Birth:				Friday	<input type="checkbox"/>		
Ethnicity:				School (Prep) Commencement Date:			
Language:				Has your child attended care before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Religion:				Previous Service/Centre or Care Type:			
<input type="checkbox"/> Yes I DO HAVE A HEALTH CARE CARD <input type="checkbox"/> No I DO NOT HAVE A HEALTH CARE CARD							
MEDICAL ALERTS							
Is your child's immunisation up to date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Date Administered:			
Last immunisation administered:				Age at date:			
Does your child have a medical condition that may impact on their time in care? <i>List details over page</i>						Yes <input type="checkbox"/>	No <input type="checkbox"/>
LEGAL/COURT APPOINTED DOCUMENTS							
Should your child be named in any legal document that refers to a custody arrangement or be protected by a restraining order, the Service and Carer will require a copy of these documents.				Court Order		Yes <input type="checkbox"/>	No <input type="checkbox"/>
				Restraining Order/Domestic Violence Order		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details:							
SIBLINGS: Please list siblings and indicate whether or not they attend a child Care Service (OSHC, another Carer or Child Care Centre)				1.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
				2.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
				3.		Yes <input type="checkbox"/>	No <input type="checkbox"/>

