



HCS
HAY CHILDREN'S SERVICES

PO Box 154, Hay NSW 2711
02 6993 1757 | admin@haycs.com.au

WAITLIST APPLICATION FORM

Dear Parent/Guardian

Thank you for your enquiry for a place at Hay Children's Services. Please complete the following application form and return via email. Please note that the lodgment of this application form does not guarantee acceptance of your child's enrolment at Hay Children's Services Inc.

Upon notification of your child's acceptance, you will be required to fill out the enrolment form as part of HCS policy.

We would welcome you to come and visit our services at Preschool, Mobile or Early Learning.
Please call to make a time 02 6993 1757.

NOTE: HAY Preschool – Enrolments are two days, option of a 3rd if available.

NOTE: Early Learning - HCS follow the priority of access guidelines when filling vacancies. These guidelines must be used to allocate childcare places where there are more families requiring care than places available.

- Priority 1 – a child at risk of serious abuse or neglect.
- Priority 2 – a child of a single parent who satisfies, or of parents who both satisfy, the work, training, study test.
- Priority 3 – any other child.

Within the categories above, priority should also be given to children in: **PLEASE TICK WHICH APPLY BELOW**

- Aboriginal and Torres Strait Islander families.
- families which include a disabled person.
- families from a non-English speaking background.
- single parent families.
- families which include an individual whose adjusted taxable income does not exceed the lower income threshold of \$43,727 for 2015-2016 or who or whose partner is on income support.
- socially isolated families.

Parent/Guardian Details:

Name: _____

Address: _____

Contact number: _____ Email: _____



CHILD/REN DETAILS

Required days / service for each child – Please indicate below:

Child 1 name: _____ Date of Birth: _____

Service	Monday	Tuesday	Wednesday	Thursday	Friday
HAY Preschool (2 days)					
After hours Preschool Program 4:00pm - 5:30pm					
HAY Early Learning					

Mobile – Required Venue/s	
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Child 2 name: _____ Date of Birth: _____

Service	Monday	Tuesday	Wednesday	Thursday	Friday
HAY Preschool (2 days)					
After hours Preschool Program 4:00pm - 5:30pm					
HAY Early Learning					

Mobile – Required Venue/s	
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Child 3 name: _____ Date of Birth: _____

Service	Monday	Tuesday	Wednesday	Thursday	Friday
HAY Preschool (2 days)					
After hours Preschool Program 4:00pm - 5:30pm					
HAY Early Learning					

Mobile – Required Venue/s	
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Preferred start date: _____ Flexible on days: Yes / No

(Please note days are subject to final numbers)

Parent/Guardian Signature: _____

Date: _____