

(office use only)

Form received on:

date to enter as a lodgement date in system

PERSONAL DETAILS

Privacy notification: The personal information requested at registration is being collected by the council for registration of your child care needs and to assist in data collection for planning purposes. The personal information will be used solely by the council for that primary purpose or directly related purposes. Council may disclose this information to other government departments and community managed services. If this information is not collected your care requirements will be unable to be met. The applicant understands that the personal information provided is for the registration of child care needs and that he or she may apply to the council for access to and/or amendment of the information. Requests for access and or correction should be made to the Children's Services Waiting List team.

Child

First Name		Last Name	
Gender (or unborn)		Date of Birth (or estimated DOB)	
		Child CRN (if known)	

Parent/Guardian 1

Relationship to child		Country of Origin	
Family CRN (if known)		Date of Birth	
First Name		Last Name	
Address		Suburb	
State		Postcode	
Home Phone		Work Phone	
Mobile		Email	
Language (if other than English)			

Parent/Guardian 2

Relationship to child		Country of Origin	
Family CRN (if known)		Date of Birth	
First Name		Last Name	
Is the address of Parent/Guardian 2 the same as parent/guardian 1?			yes No (please complete)
Address		Suburb	
State		Postcode	
Home Phone		Work Phone	
Mobile		Email	
Language (if other than English)			

Priority of access questions			no	yes
Are you working, looking for work, studying or on parental leave?				
Is your partner working, looking for work, studying or on parental leave?	Not applicable (single parent)			
Do you live/work or study within the municipality?				
Are you a single parent?				
Do you have a low income health care card?				
If yes, CRN number		Card expiry date		
Does the family include a disabled person?				
If yes, please specify (medical documentation will need to be supplied):				
Are you of Aboriginal or Torres Straight Island origin?				
Interpreter needed?				
If yes, please specify language and gender if required:		Male Female		

Care requirements						
Activation Date (this is the earliest date you would accept care from)				Month / year		
Total number of days required		Days selection (please tick any days you would accept care on)	Mon	Tues	Wed	Fri
Please select the services below that you would consider accepting offer from (it can be more than one)						
The Avenue CC	Barring Djinang Kinder	Bubup Nairm CC	Bubup Womindjeka FCC			
Clarendon CC	Clark Street CC	Coventry CC	Eildon Road CC			
Elwood CC	North St Kilda CC	Poets Grove CC				
Additional information						

<p>How to lodge this form?</p> <p>Email: CCCWaitingList@portphillip.vic.gov.au</p> <p>Mail: City of Port Phillip, Children's Services Waiting List, Private Bag No 3, PO St Kilda 3182</p>
--

*** Please note:** From the end of 2023 Ada Mary A'Beckett Children's Centre and South Melbourne Child Care Co-op will no longer be a part of City of Port Phillip's centralised waiting list. Registering for either of these centres prior to this change taking effect means you consent to your data being transferred to one or both of these centres from 01 January 2024.

If you do not wish for this to happen, please contact a waitlist officer on (03) 9209 6360.