



# LITTLE GENESIS OSHC WAITING LIST FORM

Please complete all pages of this form in blue or black pen and forward to:

Little Genesis Early Learning Centre  
PO Box 5206, Brendale Qld 4500  
8 Youngs Crossing Rd, Bray Park Qld 4500  
P 3882 9032 F 3882 9034 E [littlegenesis@genesis.qld.edu.au](mailto:littlegenesis@genesis.qld.edu.au) W [www.genesis.qld.edu.au](http://www.genesis.qld.edu.au)

The information you give on this Waiting List Form is necessary for us to provide a quality service to both children and parents. Openness and honesty is encouraged so we may fully understand the needs of each child.

**PLEASE NOTE: NON-DISCLOSURE OF IMPORTANT INFORMATION MAY RESULT IN WITHDRAWAL OF OFFER/PLACEMENT**

## CHILD'S INFORMATION

Surname (Legal)

Given Names

Preferred Name (Known as)

Class

Gender  Male  
 Female

Date of Birth 

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

**OFFICE USE ONLY**  
Application Received  Enrolment Date   
Entered on Qikids:   
Bookings:  Mon  Tue  Wed  Thu  Fri  
Received:  Waiting List Application Fee  
 Birth Certificate  Passport (if req'd)

Student Contact Address

Mailing Title (e.g. Mr and Mrs Smith)

Postal Address Address Line 1

Address Line 2

Suburb  Postcode

Home Telephone Number

Country of Birth

Ethnicity/Cultural Background

If not Australian, does the child have Australian resident status?  Yes  No (if yes, please provide a copy of passport)

Is the child of Aboriginal or Torres Strait Island descent?  Yes  No

Language/s Spoken at Home

Has this child ever been refused admission to another centre?  Yes  No

If yes, please give details

Current and/or previous childcare or kindergarten attended/attending (from most recent)  
1  2

Is this child a sibling of a currently enrolled or previously enrolled student of Genesis Christian College?  Yes  No

*GCC policy determines for enrolment purposes only, a "sibling" as the biological child of both parents, a child by legal adoption, a child in long term foster care under the direction of Family Services, or by the marriage of the biological parent to a step-parent.*

Is the family and/or child actively associated with a Christian church?  Yes  No

Church Name  Denomination

## INTENDED PLACEMENT

Please tick preference:

Before School Care: 6:30am to 8:30am

- Monday  
 Tuesday  
 Wednesday  
 Thursday  
 Friday

After School Care: 2:30pm to 6:00pm

- Monday  
 Tuesday  
 Wednesday  
 Thursday  
 Friday

## MOTHER/GUARDIAN 1 residing at the same address as the child

Relationship to Child

Marital Status

Relationship to Father/Guardian 2

Title (e.g. Mrs, Ms, Miss, Dr)

Date of Birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Surname

Given Names

Current Occupation

Employer's Business Name

Work Telephone Number

Mobile Telephone Number

Personal Email Address

Country of Birth

Ethnicity/Cultural Background

Language/s Spoken at Home

## FATHER/GUARDIAN 2 residing at the same address as the child

Relationship to Child

Marital Status

Relationship to Mother/Guardian 1

Title (e.g. Mr, Dr)

Date of Birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Surname

Given Names

Current Occupation

Employer's Business Name

Work Telephone Number

Mobile Telephone Number

Personal Email Address

Country of Birth

Ethnicity/Cultural Background

Language/s Spoken at Home

## CHILD'S PROFILE as at developmental stage of child

Does this child have a medical condition (including allergies)?  Yes  No

Specify condition:

Does this child have a disability (physical, intellectual or learning)?  Yes  No

Specify disability:

Does this child have an illness or condition?  Yes  No

Specify illness/condition:

Does this child have a psychological condition?  Yes  No

Specify condition:

Has this child ever been diagnosed as having any of the following conditions, or shown any early indications?

Hearing Impairment (eg. Grommets)  Yes  No

Vision Impairment  Yes  No

Intellectual Impairment  Yes  No

Learning Difficulty (Dyslexia)  Yes  No

Autistic Spectrum Disorder (including Aspergers)  Yes  No

Physical Impairment  Yes  No

Speech Language Impairment  Yes  No

Social / Emotional Disorder (ADD, ADHD, OBD etc)  Yes  No

Multiple Impairment  Yes  No

Psychiatric Disorder  Yes  No

Anxiety  Yes  No

Are any of the abovementioned conditions likely to affect this child's ability to participate in certain activities? (physical activities, climbing, jumping, sitting, running)  Yes  No

Has this child ever been seen by a specialist? Please specify:  Yes  No

1. Speech Pathologist  Yes  No

2. Occupational Therapist  Yes  No

3. Physiotherapist  Yes  No

4. Psychologist  Yes  No

5. Psychiatrist  Yes  No

6. Specialist Clinic (Hospital/Private)  Yes  No

7. Audiology Report  Yes  No

8. Paediatrician  Yes  No

9. Dietician  Yes  No

10. Other Specialist (eg. Optometrist)  Yes  No

Is this child taking any medication regularly?  Yes  No

Specify medication and frequency:

Does this child have any Social or Behavioural difficulties?  Yes  No

Please specify:

**Please note:** if your child has a long term illness eg. epilepsy, asthma, anaphylactic reaction, severe allergies or disabilities, the Centre requires a management plan from your Doctor detailing medication and its administration and procedures for emergencies.

Is there any other information that the Centre should be aware of in order to meet your child's educational needs?


## PLACEMENT POLICY AND PROCEDURE

- Completed Waiting List Form
- Attach any additional information as indicated regarding the child's profile/needs
- Attach proof of date of birth (eg birth certificate, extract of birth certificate or passport)

1. Offers shall be made by the Coordinator of Little Genesis OSHC prior to commencement.

Several factors will be considered prior to offers being made. These factors include:

- Priority of Access set out in the Guidelines for Priority of Access by the Commonwealth Government
- Date of receipt of Waiting List Form
- The ability of the Centre to meet the child's physical or educational needs

2. The enrolment policy may change at any time at the discretion of the Director of Little Genesis Early Learning Centre or Governing Board of the North Brisbane Christian School Association.

3. Upon offer of a position at Little Genesis OSHC, parents will be requested to complete a detailed enrolment form.

4. Submission of the Waiting List Form does not guarantee placement.