



## Application for a Permanent Place

MARGARET RIVER COMMUNITY CENTRE FOR CHILDREN  
 The Old Hospital Heritage Precinct  
 33 Tunbridge St, Margaret River  
 (08) 9757 2520  
 childcare@mrcc.com.au

Office Use  
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 Or:  
 A:  
 Form received date:

Thank you for your interest in a place for your child at the Margaret River Community Centre for Children. Our sessions are 8.00am to 5.30pm Monday to Friday. You pay per booked full-day session and can use as little or as much of the session as you wish.

Please complete the requested information below and return the form to [childcare@mrcc.com.au](mailto:childcare@mrcc.com.au), or drop it in to MRCCC Reception. Your application will be added to the waiting list for places.

If/when we have a space available for your child, we will send an offer by email from [childcare@mrcc.com.au](mailto:childcare@mrcc.com.au). You will have a few days to contact us to advise if you will be accepting, declining or requesting an alternative place:

- Accepting – you will be given a deadline to pay the Deposit/Bond and complete the enrolment online.
- Declining – your application form will be removed from the waiting list.
- Requesting an alternative – your application may be returned to the end of the waiting list.

As there are many families on the waiting list and places are limited, if the offer expires and we have not heard from you, or you have not completed the steps to accept the place offered, we may offer the place to the next on the waiting list.

<b>Child's name</b> Given name/s:	Surname:
Child's date of birth: ____/____/____	<input type="checkbox"/> Tick if this is the due date (your child is not born yet)
Does your child identify as Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have a diagnosed disability?	<input type="checkbox"/> No <input type="checkbox"/> Yes – diagnosis:
Will you be able to provide, at the time of enrolment, an <a href="#">Immunisation History Statement</a> from the <a href="#">Australian Immunisation Register</a> , which states that your child's immunisations are "up to date"?	<input type="checkbox"/> Yes <input type="checkbox"/> No – your child may not be eligible for a place. Contact the Centre for information.

### Days Requested

How many days per week would be ideal for your child to start with? <input type="checkbox"/>												
In some cases, we might have only one day per week available but once in the Centre you can go on the internal waitlist for additional days.												
What date would you like your child to start (if there is space available)?												
<table border="1"> <tr> <td><b>Days that would suit</b></td> <td><b>Days that your child cannot attend</b></td> </tr> <tr> <td><input type="checkbox"/> Monday</td> <td><input type="checkbox"/> Monday</td> </tr> <tr> <td><input type="checkbox"/> Tuesday</td> <td><input type="checkbox"/> Tuesday</td> </tr> <tr> <td><input type="checkbox"/> Wednesday</td> <td><input type="checkbox"/> Wednesday</td> </tr> <tr> <td><input type="checkbox"/> Thursday</td> <td><input type="checkbox"/> Thursday</td> </tr> <tr> <td><input type="checkbox"/> Friday</td> <td><input type="checkbox"/> Friday</td> </tr> </table>	<b>Days that would suit</b>	<b>Days that your child cannot attend</b>	<input type="checkbox"/> Monday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Friday
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<input type="checkbox"/> Friday	<input type="checkbox"/> Friday											
Comments on flexibility and preference for days:												

### Primary Carer Details

Name:	Relationship to child:
Email address (please print clearly):	
Mobile number:	Home number:
Do you identify as Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a diagnosed disability?	<input type="checkbox"/> No <input type="checkbox"/> Yes – diagnosis:
<input type="checkbox"/> Working <input type="checkbox"/> Studying <input type="checkbox"/> Looking for work <input type="checkbox"/> Not working or studying	

### Secondary Carer Details

Name:	Relationship to child:
Email address (please print clearly):	
Mobile number:	Home number:
Do you identify as Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a diagnosed disability?	<input type="checkbox"/> No <input type="checkbox"/> Yes – diagnosis:
<input type="checkbox"/> Working <input type="checkbox"/> Studying <input type="checkbox"/> Looking for work <input type="checkbox"/> Not working or studying	