



*PO Box 8003  
Alice Springs NT 0870  
8953 0015  
ABN : 16 101 876 340  
[childcare@lilantz.com.au](mailto:childcare@lilantz.com.au)*

Thank you for taking the time to consider care with us at Lil'Antz.

Lil'Antz purpose is to provide excellent quality child care in a safe, secure and caring family environment.

We create experiences that allow children to explore and develop their highest potential by allowing them to be a child.

### Steps for enrolment

1. Complete the waitlist form and return to Lil'Antz
2. Once there is a position available to suit your needs, you will be contacted to arrange a visit.
3. Decide if Lil'Antz is the place for you and your child.
4. An Enrolment package will be provided to you and will be required to be completed.
5. A commencement date is agreed upon and you are welcomed into our Lil'Antz Colony.

### Important Information

Please contact Lil'Antz on a regular basis to keep your child on the waiting list. If we are not contacted within a 6 month period of your application it will be removed from the waiting list.

Phone number: 08 89530015

Email: [childcare@lilantz.com.au](mailto:childcare@lilantz.com.au)

Thank you,

Holly Seeley  
CEO  
Lil'Antz Pty Ltd

Deb Sizemore  
General Manager



*PO Box 8003  
Alice Springs NT 0870  
Fax: 08 89531050  
ABN : 16 101 876 340*

## Long Day Care Waiting List Application

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: Male Female

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: Male Female

Language spoken at home: \_\_\_\_\_

### Parent 1

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

Ph (H): \_\_\_\_\_ Ph (W): \_\_\_\_\_ Ph (M): \_\_\_\_\_

Email: \_\_\_\_\_

May we contact you at work if necessary in regard to places available? Yes No

### Parent 2

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

Ph (H): \_\_\_\_\_ Ph (W): \_\_\_\_\_ Ph (M): \_\_\_\_\_

Email: \_\_\_\_\_

May we contact you at work if necessary in regard to places available? Yes No

Please turn over to complete this form

**Does your child have any special needs?**

Yes

No

Child's Name \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**Days and hours required for care:**

**Full time: -**

Yes

No

**Part Time: -**

Monday

Tuesday

Wednesday

Thursday

Friday

**Would you be prepared to accept less than the number of days indicated above OR any other days that may become available?**

Yes

No

**When would you like care to commence?** \_\_\_\_\_

Lil'Antz abides by the Commonwealth Government's priority of access guidelines, which state that priority must be given based on a set of criteria.

**Please tick which of the following relates to your current family situation**

- Working or studying
- Both parents working
- One parent working, one parent studying
- Both parents studying
- Maternity Leave
- Current not employed (both parents)

**(Please tick if applicable)**

- Aboriginal or Torres Strait Islander
- Families which include a disabled person
- From a non-English speaking background
- Socially isolated
- Sole Parent

Signature: \_\_\_\_\_ Date: \_\_\_\_\_