

WAITING LIST APPLICATION



Information collected on this form will be used only
for the administration of the Child Care Centre

A NON-REFUNDABLE ADMINISTRATION FEE OF \$20.00 IS DUE ON ENROLING A CHILD ON THE WAITING LIST

Application Fee may be paid by Direct Deposit (BSB: 650-400 Account No: 943026804)

Date of Application: ____/____/____

Receipt Number (office use) _____

Childs Details

First Name: _____ Family Name: _____
Nationality: _____ Aboriginal or Torres Strait Islander: Yes No
Date of Birth: ____/____/____ Male or Female: (Please circle) M F
Home Phone: _____ Religion: _____
Street: _____
Suburb: _____ Post Code: _____
Primary Language: _____

Parent/Carer Title: Miss Mrs Ms Mr Dr Relationship to Child: _____
First Name: _____ Family Name: _____
Date of Birth: ____/____/____ Mobile Phone: _____
Email Address: _____
Are you currently: Working Seeking Work Unemployed Studying Maternity/Parental Leave
Employer: _____ Work Phone: _____
Work Hours: _____ Occupation: _____

Parent/Carer Title: Miss Mrs Ms Mr Dr Relationship to Child: _____
First Name: _____ Family Name: _____
Date of Birth: ____/____/____ Mobile Phone: _____
Email Address: _____
Are you currently: Working Seeking Work Unemployed Studying Maternity/Parental Leave
Employer: _____ Work Phone: _____
Work Hours: _____ Occupation: _____

Marital Status Single Married Separated Divorced Widowed De Facto

What days do you require care? Mon Tues Wed Thurs Fri Any 1 2 3 4 5

Date from which care is required? _____ (Please note it may not be possible for your child to commence on this day)

Does your child have any special needs or disabilities? _____

Sibling/s attending centre? Yes No Sibling/s on waiting list? Yes No

Siblings Name: _____ Siblings Name: _____

Signature: _____

Date: ____/____/____