

Waitlist Application Form

Date of application:/...../.....

Child's Surname: First Name:

E.D.o.B/D.o.B:/...../..... Start date for care:

Number of days required:

Days: Mon Tues Wed Thurs Fri Are these days flexible: YES / NO

Mother's Details:

Name:

Address:

.....

Postcode:

Phone (H/W):

Phone (mob):

Email:

Father's Details:

Name:

Address:

.....

Postcode:

Phone (H/W):

Phone (mob):

Email:

In order to comply with the guidelines determined by the Department of Family and Community Services and to ensure priority of enrolment on a needs basis, you are requested to supply the following information.

Please tick relevant information

- Two parent family Single parent family Working full-time Working part-time
 Seeking employment Home duties studying Is the child at risk?

Do you or your child have any health problems or disabilities: YES / NO

Details:

Are there any other special circumstances: YES / NO

Details:

By filling out this form your child's name goes onto a waiting list. There is no guarantee of placement in the centre.

Applicants signature: Date:/...../.....