



Office Use Only:	Date _____
Information taken by _____	
Details of other contact made	
_____	
_____	
_____	

## Waiting List Form

CHILD'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

SEX:  Male  Female

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone Home : \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: (For enrolment purposes only) \_\_\_\_\_

Occupation: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Number of days required: \_\_\_\_\_ Are these days flexible?  Yes  No

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

Days required please circle below

Monday

Tuesday

Wednesday

Thursday

Friday

Our centre is committed to providing quality child care for all children including those with special needs or medical conditions. Please give any details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To comply with our Priority of Access guidelines we require the following information

Single Parent Family  Working Full Time  Part time  Seeking Employment  Studying  Other

Two Parent Family 1.  Working Full Time  Part time  Seeking Employment  Studying  Other

2.  Working Full Time  Part time  Seeking Employment  Studying  Other

How did hear about our centre?

\_\_\_\_\_

**By filling in this form your child goes onto a waiting list however this doesn't guarantee your child a position at the centre.**