



Waiting List Form

Please complete the following information and a member of staff will get back to you to discuss a placement as soon as possible.

APPLICATION LODGEMENT			
DATE OF APPLICATION:		DETAIL PROVIDED BY:	
METHOD OF APPLICATION (Please Circle):	TELEPHONE	EMAIL	IN PERSON
CHILD'S DETAILS			
CHILDS NAME:		DATE OF BIRTH	
HOME ADDRESS:			
PARENT OR GUARDIAN DETAILS:			
	FAMILY MEMBER 1		FAMILY MEMBER 2
FULL NAME:			
EMAIL ADDRESS:			
HOME PHONE:			
MOBILE PHONE:			
WORK PHONE:			
CHILDCARE REQUIREMENTS			
DAYS REQUIRED:		DATE COMMENCING:	
REASON FOR CHILDCARE: (PLEASE TICK) <input type="checkbox"/> SINGLE PARENT/GUARDIAN <input type="checkbox"/> BOTH PARENT/GUARDIANS ARE WORKING, STUDYING OR SEEKING EMPLOYMENT <input type="checkbox"/> CHILD OR PARENT/GUARDIAN WITH A DISABILITY PLEASE SPECIFY _____ <input type="checkbox"/> MORE THAN ONE PRESCHOOL CHILD AT HOME <input type="checkbox"/> STIMULATION/INTERACTION WITH OTHER CHILDREN <input type="checkbox"/> BREAK FOR PARENTS			
ANY COMMENTS:			
SIGNATURE		DATE	