

(Office Use Only)
Date Contacted: _____



Application For Waiting List

Child's Name: _____ DOB: _____

Language Spoken: _____ Age: _____

Male / Female: _____

Special Needs: Y/N (give details)

PARENT DETAILS

<u>Parent One</u>	<u>Parent Two</u>
Name:	
Address:	
Home Ph:	
Mob:	
Occupation:	
Work Ph:	
Email:	
Please Circle the Appropriate Item: Working Full/Part time Studying/Training Seeking Employment Not Employed	Working Full/Part time Studying/Training Seeking Employment Not employed

DAYS REQUIRED	Monday	Tuesday	Wednesday	Thursday	Friday
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Please circle any appropriate item:

- Aboriginal or Torres Strait Islander
- Family with a non English speaking background
- Sole Parent
- Jet Applicant

Sign: _____ Date: _____

Please advise the Centre of any changes in circumstances or if you no longer require care.

Office use only	Monday	Tuesday	Wednesday	Thursday	Friday
Days Given					
Room					