



Application for **WAITING LIST**

Expected Start Date: _____

Childs Name: _____ M/F _____ D.O.B _____

Which room will your child be enrolled in at time of expected start: (Please circle)

Cubs 0-2 years Koala 2-3 years Joeys 3-4 years Kangaroo 4 – 5 years

Address: _____ Postcode: _____

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Mothers Given Name: _____ **Mother Family Name:** _____

Address: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Nationality: _____

ARE YOU CURRENTLY: Working, Seeking Work, Unemployed, Studying

Occupation: _____ Hours of Work _____

Place of Work: _____ Work Phone: _____

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Fathers Given Name: _____ **Fathers Family Name:** _____

Address: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Nationality: _____

ARE YOU CURRENTLY: Working, Seeking Work, Unemployed, Studying

Occupation: _____ Hours of Work _____

Place of Work: _____ Work Phone: _____

Marital status: (Please circle) Single, Married, Separated, Divorced, Widowed, De Facto

Do you currently have other children in childcare? YES NO

Has your child/ren ever been to childcare? YES NO

Has your child been immunised? YES NO

Is your child's immunisation records up to date? YES NO

What days do you require care? (Please circle preference) MON TUES WED THURS FRI

Does your child have any special needs or disabilities? If yes please list _____

Waiting list form will be put into priority as stated in the 'Priority of Access Guidelines', positions are not guaranteed.

Signature: _____

Date: _____