



WAITING LIST FORM

CHILD'S NAME

Full Name _____ Date of Birth _____

Address _____ Phone _____

Email address: _____ Mobile _____

FATHER'S NAME

Name _____ Work Phone _____

Place & Address of work _____

MOTHER'S NAME

Name _____ Work Phone _____

Place & Address of work _____

Name of Parent / Guardian who has custody _____

Languages spoken at home _____

ATTENDANCE REQUIRED

Please circle no. of days 1 2 3 4 5

If less than 5 days (full time) is required please circle preferred days.

Mon Tues Wed Thurs Fri

Are you flexible in your choice of days? _____

REASON FOR CARE

Kindy or Preschool

Disabled child or parent

2 Parents working

Seeking employment or studying

Single working parent

Other _____

REQUESTED START DATE: _____

DATE OF APPLICATION: _____

SIGNATURE: _____