



# Smithfield Child Care Centre

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## WAITING LIST ENROLMENT FORM

Child's Name: ..... D.O.B: .....

Home Address: .....  
 ..... Phone: .....

Parent's Name: ..... Partner's Name: .....  
 working/studying  working/studying

Occupation: ..... Occupation: .....

Phone (w): ..... Phone (w): .....

Mobile: ..... Mobile: .....

Email contact address .....

Please Tick the appropriate box (optional):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> sole parent       | <input type="checkbox"/> non-English background | <input type="checkbox"/> ATSI origin       |
| <input type="checkbox"/> low income family | <input type="checkbox"/> disabled family member | <input type="checkbox"/> sibling at centre |

### BOOKING DETAILS:

Preferred Start Date: .....

Days required: (please circle)

Fulltime or Monday Tuesday Wednesday Thursday Friday

Time needed: Daily from ..... to .....

(this is approximate and assists us to ensure staff ratios are correct at all times)

Comments: .....  
 .....  
 .....

How did you hear of us? .....

Signed ..... Date .....


OFFICE USE ONLY: to be completed every 6-8 weeks when parents contact centre.

(Please indicate above parents' contacts to confirm details & continual need for care—date & sign)