



Office Use Only:	Date _____
Information taken by _____	
Details of other contact made	

<input type="checkbox"/> Engadine	<input type="checkbox"/> Illawong

Waiting List Form

CHILD'S NAME _____ DOB _____

SEX: Male Female

Parent/Guardian _____

Address _____

Phone Home : _____ Mobile: _____

Email: (For enrolment purposes only) _____

Occupation: _____

Languages spoken: _____

Number of days required: _____ Are these days flexible? Yes No

When would you like to commence care? _____

Days required please circle below – 1 day enrolments Mon or Fri

Monday

Tuesday

Wednesday

Thursday

Friday

Our centre is committed to providing quality child care for all children including those with special needs or medical conditions. Please give any details.

To comply with our Priority of Access guidelines we require the following information

- | | | | | | |
|----------------------|--|------------------------------------|---|-----------------------------------|--------------------------------|
| Single Parent Family | <input type="checkbox"/> Working Full Time | <input type="checkbox"/> Part time | <input type="checkbox"/> Seeking Employment | <input type="checkbox"/> Studying | <input type="checkbox"/> Other |
| Two Parent Family 1. | <input type="checkbox"/> Working Full Time | <input type="checkbox"/> Part time | <input type="checkbox"/> Seeking Employment | <input type="checkbox"/> Studying | <input type="checkbox"/> Other |
| 2. | <input type="checkbox"/> Working Full Time | <input type="checkbox"/> Part time | <input type="checkbox"/> Seeking Employment | <input type="checkbox"/> Studying | <input type="checkbox"/> Other |

How did hear about our centre?

By filling in this form your child goes onto a waiting list however this doesn't guarantee your child a position at the centre.