



## Waitlist Application Form

Date of application: ...../...../.....

Child's Surname: ..... Child's First Name: .....

E.D.o.B/D.o.B: ...../...../..... Start date for care: .....

Number of days required: .....

Days: Mon  Tues  Wed  Thurs  Fri  Are these days flexible: YES / NO

### **Mother's Details:**

Name: .....

Address: .....

.....

Postcode: .....

Phone (H/W): .....

Phone (mob): .....

Email: .....

### **Father's Details:**

Name: .....

Address: .....

.....

Postcode: .....

Phone (H/W): .....

Phone (mob): .....

Email: .....

In order to comply with the guidelines determined by the Department of Family and Community Services and to ensure priority of enrolment on a needs basis, you are requested to supply the following information.

### Please tick relevant information

- Two parent family     Single parent family     Working full-time     Working part-time  
 Seeking employment     Home duties     Studying     Is the child at risk?

Do you or your child have any health problems or disabilities: YES / NO

Details: .....

Are there any other special circumstances: YES / NO

Details: .....

By filling out this form your child's name is placed on a waiting list. However, there is no guarantee of placement in the centre.

Applicants signature: ..... Date: ...../...../.....