

WAITING LIST APPLICATION



Child's Detail

Gender: **M** **F** (please circle)

Family name _____

First given name: _____

Second given name _____

Preferred first name _____

DOB: ___/___/___ Age: _____ Years _____ Months _____

Address: _____ Post Code _____ Home No: (___) _____

Country of Birth: _____ Cultural background: _____

Language/s spoken at home: _____ Special requirements: _____

Is the child of Aboriginal or Torres Strait Origin? Aboriginal Yes No Torres Strait Islander Yes No Both Yes No (Please circle)

Has your child any known disability Yes/No Nature of disability _____

Has your child any Special Needs that we should be made aware of Yes /No Nature of Special Needs _____

Requested day/s of attendance: (please circle)

PERMANENT BOOKING Required Starting Date _____/_____/20____

Monday Tuesday Wednesday Thursday Friday

OCCASIONAL OR CASUAL BOOKINGS Days/ Dates required if known _____

Monday Tuesday Wednesday Thursday Friday

Parent/Carer's Details

Parent/Carer 1 Family Name: _____ Given Names _____

Gender: _____ DOB: ___/___/___ Relationship to Child _____

Address: _____ Home No: (___) _____

Name of work place: _____ Occupation: _____

Work address: _____ Work No: (___) _____

Mobile No: _____ Email: _____

License No: _____

Parent/Carer 2 Family Name: _____ Given Names _____

Gender: _____ DOB: ___/___/___ Relationship to Child _____

Address: _____ Home No: (___) _____

Name of work place: _____ Occupation: _____

Work address: _____ Work No: (___) _____

Mobile No: _____ Email: _____

License No: _____

CONTACT DETAILS FOR PARENT/CARER with whom the child normally lives

Please indicate Parent Carer 1 / Parent Carer 2 / both / joint custody(details to be given to centre) _____