

## Waiting List Form

### Child's Details

Surname _____	First Name/s: _____
Preferred Name: _____	
Date of Birth: _____	Gender (please circle): <i>Male</i> <i>Female</i>
Number of care days required <input style="width: 40px;" type="text"/>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/>
When would you like attendance to commence ...../...../.....	

### Parent/Guardian Details

1. Surname _____	First Name/s: _____
2. Surname _____	First Name/s: _____
Residential Address: _____	
Tel(home): _____	Mobile: _____
Email: _____	

### Information Required

In order to comply with the guidelines determined by the Department of Family and Community Services and to ensure priority of enrolment on a need basis, you are required to supply the following 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 special circumstances?      Yes ☐      No ☐

Details.....

By filing out this form your child's name goes onto our waiting list.

Applicant signature: \_\_\_\_\_      Date: \_\_\_\_\_

**Note:** .....

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