



APPLICATION FOR WAITING LIST

CONFIDENTIAL

GENERAL INFORMATION

CHILD'S FAMILY NAME: _____

CHILD'S FIRST NAME: _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

DATE OF BIRTH: _____ SEX: _____

ADDRESS AT WHICH YOUR CHILD LIVES: _____

_____ POST CODE: _____

PHONE No (Home): _____ MOBILE No: _____

EMAIL ADDRESS: _____

PREFERRED DAYS OF ATTENDANCE:

MON	TUE	WED	THURS	FRI

START DATE: _____

PLEASE NOTE THAT THE PRIORITY OF ACCESS WILL APPLY ACCORDING TO THE GUIDELINES SET BY THE DEPARTMENT OF FAMILY AND COMMUNITY SERVICES, WHICH COVERS CHILD CARE.

WILL YOU BE APPLYING FOR CHILD CARE SUBSIDY? _____

WHICH INFORMATION BELOW BEST DESCRIBES YOUR SITUATION?

SINGLE PARENT: _____ TWO PARENTS: _____ WORKING F/T: _____ WORKING P/T: _____

STUDYING: _____ SEEKING EMPLOYMENT: _____

PLEASE INFORM THE CENTRE OF ANY CHANGES IN YOUR CIRCUMSTANCES TO SAVE ANY FUTURE INCONVENIENCE OR MISUNDERSTANDING.

SIGNED: _____ DATE: _____