



WAITING LIST APPLICATION FORM

Your Child's Details:

Given Name: _____

Family Name: _____

Date of Birth: ___/___/____ (expected DOB if unborn)

Your Needs:

Date Needed From: ___/____

Minimum Days Required:

1 2 3 4 5 Any

Days Required:

Mon Tues Wed Thurs Fri Any

Parent 1:

Given Name: _____

Family Name: _____

Mobile Phone: _____

Other Phone: _____

Email: _____

Parent 2:

Given Name: _____

Family Name: _____

Mobile Phone: _____

Other Phone: _____

Email: _____

Family Classification:

- Child with additional needs
- Aboriginal or Torres Strait Islander
- Family includes a disabled person
- Sole Parent
- Non-English Speaking household
- Child Care Benefit at or above 100%

NB: If your child has additional needs (Physical, medical, learning, etc) or any other special circumstances for priority placement please detail:

Provide further details on the classification selected:

Please charge \$20 administration fee to the following credit card (Visa & Mastercard only):

Card Name: _____

Card Number: ___/___/___/___

Expiry Date: ___/___

Signature: _____ Date: ___/___/___