

## Application for waiting list

**GLEBE:** 163-165 Bridge Rd

**LEICHHARDT:** 215 Elswick St

Date of Application: \_\_\_\_\_

### Parent Details

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### Childs Details

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Sex M/F: \_\_\_\_\_  
 Date to Start \_\_\_\_\_

### Care Required

Please tick box.

Monday	Tuesday	Wednesday	Thursday	Friday

**Special Needs:** Our centre is committed to providing quality child care to all children including those with special needs or medical conditions? If yes please give details:

\_\_\_\_\_

\_\_\_\_\_

A waiting list application fee of \$25.00 applies. This will be refunded once the child commences care.

Signature \_\_\_\_\_ Date: \_\_\_\_\_