

ENROLMENT WAIT LIST APPLICATION

Date			
Childs Details			
Name			
Date Of Birth			
Language Spoken at home		Nationality	
Is your child of Aboriginal and/or Torres Strait Island origin?			

Parents Details			
Mothers Name		Fathers Name	
Phone		Phone	
Mobile		Mobile	
Address		Address	
Occupation		Occupation	
Email		Email	
<i>Please inform the centre of any change of address or telephone numbers</i>			

Please circle days that are required				
Monday	Tuesday	Wednesday	Thursday	Friday

Do you hold a Health Care Card?	
Health Problems or Disabilities	
Any other Special Circumstances	

By completing this form your child's name will be placed on our waiting list. You will be contacted when a position becomes available.

Applicant's Signature		Date:
Directors Signature		Date: