ENROLMENT WAITLIST APPLICATION

Child Details

|  |  |  |  |
| --- | --- | --- | --- |
| Family Name |  | Given Name |  |
| Preferred First Name |  | D.O.B or Expected D.O.B |  |
| Name of siblings current in care (if applicable) |  |

Attendance Preference

|  |  |
| --- | --- |
| Proposed Start Date |  |
| Are you flexible with the start date? (Please circle) |  YES/ NO  |

Days Requested

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|  |  |  |  |  |
| Are you flexible with the days requested | □ Yes, I would like to take any \_\_\_\_ (number of days) days available□ No, I require the days as indicated above |

Parent/Guardian Details

|  |  |
| --- | --- |
|  | Parent/Guardian  |
| Full Name |  |
| Address |  |
| Relationship to child |  |
| Best contact number/s |  |
| Email Address |  |

|  |  |
| --- | --- |
| How did you find out about us? |  |

|  |
| --- |
| I have read and understood the information in this application. I understand completion of the waitlist application does not guarantee an enrolment offer at the service. |
| Parent/Guardian Name  |  | Date |  |
| Parent/Guardian Signature |  |