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# WAITING LIST APPLICATION

## CHILD'S INFORMATION

**Child's surname:** ..... **Given name:** .....

**Date of birth:** ..... (i.e.) 02/10/2006 **Male or Female:** .....

**Number of care days required:** ..... **Preferred days: (please circle)**    **M**    **T**    **W**    **Th**    **F**

**Are these days flexible?** YES/NO                      **When would you like attendance to commence?** .....

## MOTHER'S INFORMATION

## FATHER'S INFORMATION

**Name:** .....

**Address:** .....

..... **P/code:**.....

**Phone: (Home)** ..... **(Work)** .....

**(Mobile)** .....

**(Email)** .....

**Place of Work:**.....

**Position:** .....

**Languages spoken:** .....

**Name:** .....

**Address:** .....

..... **P/code:**.....

**Phone: (Home)** ..... **(Work)** .....

**(Mobile)** .....

**(Email)** .....

**Place of Work:** .....

**Position:** .....

**Languages spoken:** .....

The following information is required to assess priority of access:  
 Please tick

Working full-time        Working part-time   

Seeking employment        Studying   

Not in paid employment        Other   

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 Please tick

Working full-time        Working part-time   

Seeking employment        Studying   

Not in paid employment        Other   

Do you or your child have any health problems or special needs/disabilities: .....

Are there any particular circumstances relating to your need for childcare that you would like us to consider when processing your application?  
 .....

How did you find out about our Centre?    Yellow pages     Personal referral     Internet     Other .....  
 Name of Referral: .....

**By filling out this form your child's name goes onto a waiting list. There is no guarantee of placement in the centre.**

**Applicant's signature:** ..... **Date:** .....