



ABN: 47 354 516 246

WAITING LIST APPLICATION

\$30 Application Fee Applies

Date of Application: _____

Name of Child		D.O.B.	
Name of Child		D.O.B.	

Parent 1		Parent 2	
Name			
Address			
Phone AH			
Phone BH			
Mobile			
E-mail			

How many days do you require?	
Are you flexible with the days your child can attend?	
Reason for requiring care? (Work, study, socialisation, kinder)	
If there is a sibling do you require care for both or are you flexible for one or the other.	
Preferred Commencement Date?	
How did you find out about our centre?	
<p style="text-align: center;">Special Consideration:</p> <p>Please tell us about your family, any particular considerations that you would like us to be aware of. E.G. Single Parent, child has a disability, newly arrived in Australia etc.</p>	

OFFICE USE	
ORIGINAL APPLICATION DATE:	
Application Fee Paid:	YES <input type="checkbox"/> NO <input type="checkbox"/>

There is a \$30 administration Fee due with this application. Your details will be placed on our waiting list once fee has been received. For EFT please pay to: Commonwealth Bank – Eltham / Account Name: Eltham Child Care Co-operative Ltd / BSB: 063-222 / Account Number: 00901406