

WAITING LIST APPLICATION FORM



106 Toronto Pde
Sutherland NSW 2232
Ph: 9542 4067
Mob: 0435 940 786

Email: info@sutherlandchildcarecentre.com.au

How to complete this form

1. You must complete this form to go on a waiting list for child care at Sutherland Child Care Centre.
2. Ensure that all the fields have been filled out correctly.
3. All the fields on this form are mandatory and must be completed before submitting the application.
4. Once completed please submit the form by email, mail and in person.

Part 1: Child's Details

Child's Given Name/s

Child's Family Name:

Date of Birth:

Child's Gender: *Please circle*

Male

Female

Date from which care is required:

Please note: It may not be possible for your child to commence on this date.

Please circle the days applying for:

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

Does your child have any special needs/disabilities/developmental delay?

Please provide details in the space below.

Part 2: Parent's Details

	Parent One	Parent Two
Name	<input type="text"/>	<input type="text"/>
Residential Address	<input type="text"/>	<input type="text"/>
Home Number	<input type="text"/>	<input type="text"/>
Mobile Number	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>

Applicant Declaration

I declare that all the information I have provided is true and correct.

Applicant Name:

Applicant Signature:

Date:

By filling in this form your child's name will be placed on the Waiting List. The Centre will send you a confirmation on receipt of your application. We will contact you when a place becomes available. Please advise us if your contact details change.