

Warners Bay Early Learning and Care Centre Inc.

PO Box 398

Warners Bay NSW 2282

Cnr Charles & King Streets,

Warners Bay NSW 2282

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Web: www.wbaychildcare.com.au

Email: warnersbaychildcare@bigpond.com.au



WAITING LIST APPLICATION FORM APPLICATION FEE \$10

Personal Details

Child's Full Name: _____ Date of Birth: _____

Address: _____ Phone No: _____

Mother/Guardian Name: _____ Phone No: _____

Address: _____ Mobile: _____

Email Address: _____

Father/Guardian Name: _____ Phone No: _____

Address: _____ Mobile: _____

Email Address: _____

Enrolment Details

Date to Start: _____

Preferred days (please circle)

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

Employment Status and Home Details:

(Tick if applicable)

Single Parent

Employed Full Time

Employed Part Time

Employed Casual

Studying/Training

Seeking Employment

Aboriginal/Torres Strait

Disability/Incapacity

Country of Birth

Mother/Guardian

Father/Guardian

Information:

It is your responsibility to notify the centre of any changes to the information supplied. Some changes to circumstances may change your chances of being offered a place. By filling out this form, your child's name will go onto our waiting list. Having your name on our waiting list does not guarantee you of a place within this centre. You will be contacted when a suitable position becomes available. There is a \$10 fee to go onto the waiting list and this \$10 fee is not refundable. Please refer to centre's Wait List Policy.

The information I have supplied in the form is to the best of my knowledge, true and correct and I will inform the centre of any changes that may occur.

Parent/Guardian Signature: _____ Date of Application: _____

Family Contacted Date: _____ Comment: _____

Date: _____ Comment: _____

Date: _____ Comment: _____

Family Rang Date: _____ Comment: _____

Date: _____ Comment: _____

Date: _____ Comment: _____