



Waiting List Application

Plumpton

St Clair

Parent 1	Parent 2
First name:.....	First name:.....
Last Name:.....	Last Name:.....
Date of Birth:.....	Date of Birth:.....
CRN Number:.....	CRN Number:.....
Home Address:.....	Home Address:.....
Home Phone:.....	Home Phone:.....
Mobile:.....	Mobile:.....
Work phone:.....	Work phone:.....

Child Information

Child Name 1:	Date of Birth:	Sex: M/F	CRN:.....
Child Name 2:	Date of Birth:	Sex: M/F	CRN:.....
Ethnicity:	Language Spoken:.....	Religion:	Starting date:.....

Day/Times Required	Mon	Tue	Wed	Thu	Fri
Arrival Time					
Departure Time					

Additional Needs: Our centre is committed to providing high quality care and educational program for all children including those with additional needs or medical conditions? If Yes, Please give details.....

Parents Signature..... **Date:**

OFFICE USE ONLY	Mon	Tue	Wed	Thu	Fri
Room: Joeys/ Wallabies					
Comments:	Starting date:.....				