

Waiting List Form CH



Child's Details:

Child's last name _____ Child's first name _____

Address: _____

DOB: ____/____/____ Expected DOB: ____/____/____ Gender: Male Female

Languages Spoken at Home: _____ Date care is required from: ____/____/____

Preferred Attendance:

(Tick preferred days below)

Monday	Tuesday	Wednesday	Thursday	Friday

Are you flexible with you're: DAYS: Yes No START DATE: Yes No

Parent One Detail:

Title _____ Parent's name: _____ Home address: _____

_____ Home phone _____ Mobile: _____

Email address: _____ Nationality: _____

Are you any of the following?

- Working Have a disability Single parent Maternity/Paternity Leave
 Studying Seeking work Not working Of Aboriginal descent

Parent Two Details:

Title _____ Parent's name: _____ Home address: _____

_____ Home phone _____ Mobile: _____

Email address: _____ Nationality: _____

Are you any of the following?

- Working Have a disability Single parent Maternity/Paternity Leave
 Studying Seeking work Not working Of Aboriginal descent

Signature: _____ Date: ____/____/____

NB: Please note this form is not a guarantee that your child will be offered a position. Families are required to update the Pre-School with any changes to the waiting list application

Email: paula@dashingducks.com.au