

Warringah Mall
Child Care Centre

WAITING LIST APPLICATION

Starting Date: Days: M T W Th F

Are these days flexible? ? YES NO

Child's Surname First Name M F

Date of Birth Place of Birth

Parent One: Parent Two:
Name Name

Address Address

.....

.....Postcode Postcode

Email Email

Phone (H) Phone (H)

Phone (W) Phone (W)

Phone (M) Phone (M)

Occupation Occupation

Place of Birth Place of Birth

Languages spoken Languages spoken

In order to comply with the guidelines determined by the Department of Family and Community Services and to ensure priority of enrolment on a needs basis, you are requested to supply the following information.

- Two parent family Single parent family Working full-time Working part-time
 Seeking employment Home duties Studying
 Other.....

Are you of Aboriginal or Torres Strait Island descent? YES NO

Health

It is important that you provide us with information regarding your child's health needs. Special medical needs or disabilities WILL NOT affect your child's acceptance into the centre.

Does your child have any allergies? YES NO

Allergic to:.....

Are any of these allergies life threatening? YES NO

Details:

Does your child have any health problems/disabilities? YES NO

(eg speech, hearing, physical)

Details.....

Does your child have a continuing serious illness? YES NO

Details.....

Does your child need regular medicine? YES NO

Details.....

****PLEASE NOTE** - When offered an enrolment place, parents of children with allergies/medical conditions are required to obtain a Management Plan from their Medical Practitioner which staff will use to manage your child's additional needs. The plan is to be provided **PRIOR** to their first day of attendance.

Are you at home with several young children?

Applicant Name:

Applicant's Signature Date

Please return this completed form together with a \$10 waiting list fee to:

Warringah Mall Child Care Centre
P O Box 7169
Warringah Mall NSW 2100

**** OFFICE USE ONLY ****

\$10 Waiting List fee paid: _____

Contacts following application:

Date : _____ Details _____

Date : _____ Details _____

Date : _____ Details _____