

Rozelle Child Care Centre Waiting List Application

Child's surname _____

Child's first name _____

Date of birth (or due date) _____

Address _____

_____ Phone _____

Country of birth _____ Home language _____

Which days do you need care: Mon Tues Wed Thurs Fri Fulltime

When do you need care from? _____

Does your child or any family member have any additional needs for which you would like us to cater? _____

Parent 1 details

Name _____ Mobile _____ Ph (day) _____

Occupation _____

Working, looking for work, studying, other _____

Do you work or study full time / part time? _____

Family situation _____ (sole parent, couple, other)

Partners details

Name _____ Mobile _____ Ph (day) _____

Occupation _____

Working, looking for work, studying, other _____

Do you work or study full time / part time? _____

We require a \$15 fee to register your waiting list application. Please attach a cheque to this form. When care is available it is offered according to date order on the waiting list. Please contact us if you have moved or changed your phone number. From 2009, the centre will be moving towards offering consecutive day enrolments only (eg Mon-Wed or Thu-Fr) and places will be offered on this basis. Generally we offer places in October or November to commence the following February. If you have any queries please call us on 9555 9354. When you accept a place you will be asked to abide by the conditions outlined in our handbook. Thank you for your interest.

Your signature _____ Date _____