



21 Oliver Avenue, Goonellabah NSW 2480 Ph: 02 6624 2922 Mobile: 0414 240 049

Application for waiting list:

<i>Parent One CRN:</i>	<i>Parent Two:</i>
<i>First Name:</i>	<i>First Name:</i>
<i>Last Name:</i>	<i>Last Name:</i>
<i>Home Address:</i>	<i>Home Address:</i>
<i>Home Phone:</i>	<i>Home Phone:</i>
<i>Work Phone:</i>	<i>Work Phone:</i>
<i>Mobile:</i>	<i>Mobile:</i>

<i>Child's Information:</i>	<i>CRN:</i>
<i>First Name:</i>	<i>Last Name:</i>
<i>Date of Birth:</i>	<i>Sex: Male/Female</i>
<i>Ethnicity:</i>	<i>Religion:</i>
<i>Language Spoken:</i>	

Days required: (please circle) **Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

Date to start:

Priority of access: (please circle priority)

The centre must comply with enrolment priority and access guidelines set by FAO.

1. Age
2. Priority of access
3. Date of application
4. Current siblings attending
5. Days desired

Special Needs: Our centre is committed to providing quality child care for all children including those who require additional assistance or live with a medical condition. If yes, please provide details below.

Sign: _____ **Date:** _____

(Office use only) **Mon** **Tue** **Wed** **Thu** **Fri**

Days given: _____

Priority given: _____

Additional Notes: _____