



Elder Street
EARLY CHILDHOOD CENTRE

136 Elder Street LAMBTON NSW 2299 Ph: 49 539300 Fax: 49539782

APPLICATION FOR WAIT LIST

Child's Given Name.....Child's Family Name.....

Male/Female..... DOB..... Home Telephone.....

Address.....Post Code.....

Mothers' Given Name.....Mother's Family Name.....

Home Telephone.....Mobile.....Nationality.....

Address.....Post Code.....

Are you currently: Working Seeking Work Unemployed Studying
(Please circle)

Occupation.....Hours of Work.....

Employer.....Work telephone.....

Father's Given Name.....Father's Family Name.....

Home Telephone.....Mobile.....Nationality.....

Are you currently: Working Seeking Work Unemployed Studying
(Please circle)

Address.....Post Code.....

Occupation.....Hours of Work.....

Employer.....Work telephone.....

Marital Status: Single Married Separated Divorced Widowed De Facto
(Please circle)

Language spoken in the home.....

Do you currently have Child Care?.....

What days do you require care? (*2 day minimum) Mon Tues Wed Thurs Fri
(Please circle)

Does your child have any special needs or disabilities?.....

Date from which care is required.....

*Please note: It may not be possible for your child to commence on this date.

Is there any other information you feel we should know?.....

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Please Print Name.....Signature.....Date.....