

Engadine Gumnut Child Care Centre



17 Boronia Ave, Engadine 2233
Phone / Fax: 02 9520 9109

WAITING LIST APPLICATION

Child's Name: _____ **DOB:** _____

Sex: Male / Female **Ethnicity:** _____ **Language Spoken:** _____

Preferred Start Date: _____ **Number of Days required:** 1 2 3 4 5

Preferred days: MON TUES WED THURS FRI **Drop of Time:** _____ **Pickup:** _____

Special needs: _____

Parent One

First Name: _____ **Last Name:** _____

Home Address: _____

Home Phone: _____ **Mobile:** _____

Work Phone: _____ **e-mail address:** _____

Please circle One of the following:

Working Full Time Working Part time Studying Looking For Work At Home

Parent Two

First Name: _____ **Last Name:** _____

Home Address: _____

Home Phone: _____ **Mobile:** _____

Work Phone: _____ **e-mail address:** _____

Please circle One of the following:

Working Full Time Working Part time Studying Looking For Work At Home

Where did you hear about us ?

Yellow Pages White pages Word of Mouth School Other:

Parent Signature: _____ **Date:** _____

