ANGEL LONG DAY CARE

WAITING LIST APPLICATION FORM

CHILD'S DETAILS

First Name: _____ Last Name: _____

Preferred Name: _____ Boy / Girl: _____

Date of Birth: ____/___/____ Home Phone Number: _____-_____

Address: _____

_____

Language spoken at home: _____

Country of Origin – Mother: _____ Father: _____

ATTENDANCE DETAILS

Starting Date preferred: _____

(Please Circle) Monday Tuesday Wednesday Thursday Friday

PARENT DETAILS (or authorised carer)

First Name: _____ Last Name: _____

Address: _____

_____

Home Ph: _____ Mobile Ph: _____

Work Ph: _____ Mobile Ph: _____

First Name: _____ Last Name: _____

Address: _____

_____

Home Ph: _____ Mobile Ph: _____

Work Ph: _____ Mobile Ph: _____

PLEASE READ AND SIGN THE STATEMENT BELOW - THANK YOU

I understand completing this form and paying the administration fee places my child on a waiting list for a vacancy.
When vacancies occur, they are offered to the next child on the list, until the position has been filled.
Being placed on the waiting list does not necessarily guarantee my child a position at the time I have requested.

I understand that the administration fee is not refundable.

_____ _____

Parent Signature Date

Office Use Only

Date Application was received: _____ Follow Up Letter Sent: _____

Commencement Date: _____ Administration Fee Paid: _____