

WAITING LIST FORM

<u>ENQUIRY DETAILS</u>	<u>CONTACT ATTEMPTS/ NOTES</u>
<p><u>YOUR CHILD'S DETAILS</u></p> <p>NAME: _____ SURNAME: _____</p> <p>D.O.B: _____ MALE/ FEMALE COUNTRY OF BIRTH: _____</p> <p><u>PLEASE INDICATE WHAT DAYS ARE REQUIRED</u></p> <p style="text-align: center;">MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY</p> <p>PREFERRED COMMENCEMENT DATE: FLEXIBLE?</p>	
<p><u>PARENT DETAILS</u></p> <p>PARENT 1:</p> <p>NAME: _____ SURNAME: _____</p> <p>D.O.B: _____ MALE/ FEMALE COUNTRY OF BIRTH: _____</p> <p>RELATIONSHIP TO CHILD: _____ D.O.B: _____</p> <p>HOME ADDRESS: _____</p> <hr/> <p>CONTACT NUMBERS:</p> <p>HOME: _____ WORK: _____</p> <p>MOBILE: _____</p> <p>EMPLOYMENT STATUS: FULLTIME/ PART TIME/CASUAL STUDENT NOT EMPLOYED</p> <p>PARENT 2:</p> <p>NAME: _____ SURNAME: _____</p> <p>D.O.B: _____ MALE/ FEMALE COUNTRY OF BIRTH: _____</p> <p>RELATIONSHIP TO CHILD: _____ D.O.B: _____</p> <p>HOME ADDRESS: _____</p> <hr/> <p>CONTACT NUMBERS:</p> <p>HOME: _____ WORK: _____</p> <p>MOBILE: _____</p> <p>EMPLOYMENT STATUS: FULLTIME/ PART TIME/CASUAL STUDENT NOT EMPLOYED</p>	
<p>ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER DECENT?</p>	
<p>DO YOU HAVE ANY SPECIAL NEEDS, OR ANY DETAILS RELEVANT TO YOUR CIRCUMSTANCES?</p>	
<p><u>ACKNOWLEDGMENTS</u></p> <p>Apart from FACSIA regulations, Giggles also provides access to children who are:</p> <p>A previous student of Giggles ELC or The Little Cottage yes/ no</p> <p>A child requiring full time care yes/ no</p> <p>A sibling of a child in attendance at the centre yes/ no</p> <p>Signed: _____ Date: _____</p>	
<p><u>STAFF MEMBER TAKING ENQUIRY:</u></p> <p><u>DATE:</u></p>	