Office Use Only

Date Received:

Waiting List Form

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Contact Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Start Date: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Room | Number of Days | Number of hours |
| Baby Room |  | **Full days ONLY** |
| Toddler Room |  |  |
| ECCE only 9.30-12.30 |  |  |
| ECCE + Full Day Care |  |  |
| ECCE + 1pm collection |  |  |
| ECCE + 2pm collection |  |  |
| ECCE + 3pm collection |  |  |
| Breakfast Club (BC) |  |  |
| Afterschool (AS) |  |  |
| BC + AS |  |  |