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CCB Approval ID: 1-1P40GJ

## WAITING LIST APPLICATION

Please note that all personal/sensitive information is handled by "Mosman Kinderland" in accordance with the Privacy Act.

### Child's Details

**Child's Name:** \_\_\_\_\_ **Date of application:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Gender:** Male / Female  
**No. Of days required (Min 2):** \_\_\_\_\_ **Preferred days:** M T W T F  
**When would you like attendance to commence?** \_\_\_\_\_  
Is your child of Aboriginal or Torres Strait Islander descent? \_\_\_\_\_  
Is your child from a non-English speaking background? Please specify \_\_\_\_\_  
Does your child have any special/additional needs? Please specify \_\_\_\_\_  
Does your child have any health challenges or disabilities? Please specify \_\_\_\_\_

### Contact Details

**Mother's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Phone: (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_ **(M)** \_\_\_\_\_  
**Email:** \_\_\_\_\_ (confirmation will be sent to this address)  
**Father's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Phone: (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_ **(M)** \_\_\_\_\_

In order to comply with the guidelines determined by the Dept. Of Family and Community Services and to ensure priority of enrolment on a needs basis, you are requested to supply the following information. Please circle relevant situations: (*F=Father; M=Mother*)

Two parent family      Single parent family      Working Full Time (F/M)  
Working part time (F/M)      Seeking employment (F/M)      Home duties (F/M)      Studying (F/M)

### The waiting List fee is \$25.00 per child (Non-refundable).

I agree to notify the Director if I wish to remove my child's name from the waiting list, any of the above information changes or if I am going on an extended family holiday and cannot be contacted during the Enrolment period (September/October).

**Signature: Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office use only:

Fee paid: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

Notes: \_\_\_\_\_