

Waiting List Application Form

Creative Kids Early Childhood Centre (6 wks – 5 years)



Application Date: ___ / ___ / ___

Accepted by: _____

Child Details

Child's Name: _____

Child DOB: ___ / ___ / ___

Number of days: _____

Days requested: M Tu W Th F

Days not suitable: M Tu W Th F

Child Details

Child's Name: _____

Child DOB: ___ / ___ / ___

Number of days: _____

Days requested: M Tu W Th F

Days not suitable: M Tu W Th F

Preferred start date ___ / ___ / ___

How did you hear about Creative Kids? _____

Parent/Caregiver Details

Parent/Caregiver Name: _____

Address: _____

Suburb: _____

Phone/Mobile: _____

Email: _____

Parent work / study status

Parent/Guardian 1

Work Full Time Part Time

Study Full Time Part Time

Parent/Guardian 2 (tick if applicable)

Work Full Time Part Time

Study Full Time Part Time

Reasons for requiring care (other than indicated above): _____

Thank you for your waiting list application. Your child will be placed on the centre's waiting list. When a position becomes available you will be contacted.

Please do not hesitate to contact us if you require additional information, to arrange a tour of the centre, or to update any information.

Office Use Only

Age at Commencement Date: _____ Room: _____

Position available at application: Yes No

Record of Contact: _____

Date position offered: _____ Accepted: Y/N Date off list: _____