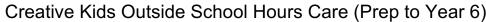
Waiting List Application Form Creative Kids Outside School Hours Care (Prep to Year 6)





	Application Date:// Accepted by:			
Child Details Child's Name:		·	•	_
Child DOB:				
Number of days: Days requested BSC: Days requested ASC: Child Details Child's Name:	 ○ M ○ Tu ○ W ○ ○ M ○ Tu ○ W ○	Th □ F	Vacation Care Req □ Yes □ No	uested
Child DOB:				
Number of days: Days requested BSC: Days requested ASC: Preferred start date How did you hear about		Th □ F	Vacation Care Req □ Yes □ No	uested
Parent/Caregiver Det				_
Parent/Caregiver Name:				
Address:				<u> </u>
Suburb:				
Phone/Mobile:				_
Email:				_
Parent work / study state Parent/Guardian 1 Work	Part Time Part Time	Work □ Ful Study □ Fu	rdian 2 □ <i>(tick if app.</i> ll Time □ Part Time ll Time □ Part Time	; ;
Thank you for your waiting waiting list. When a positi	• •		•	 e's
Please do not hesitate to o tour of the centre, or to up			information, to arrar	nge a
Office Use Only Age at Commencement D Position available at applic Record of Contact:	cation: ☐ Yes ☐ No			_
Date position offered:	Accep	oted: Y/N D	ate off list:	_