

### WAITING LIST FORM

Given name:

Family name:

Other Names the Child is known by or nicknames:

Address:

Town:

postcode:

Ph: ( Home)

Mob : (Mother)

(Father)

Date of birth:

Place of birth:

Sex: F / M

Intended start date:

Cultural background:

Main language/s used at home :

Religion:

**Please supply a copy of your child's Birth Certificate, Australian citizenship or passport with the completed Enrolment Form.**

#### COURT ORDERS

Are there any court orders affecting the custody of your child? YES NO

If yes, please provide details:

.....  
.....

**Provide a copy of the Court Order with your completed Enrolment Form.**

**Please notify the Director if circumstances change.**

### DAYS/TIMES REQUIRED

		Monday	Tuesday	Wednesday	Thursday	Friday
<b>ARRIVAL TIME</b>						
<b>DEPARTURE TIME</b>						

**We are a long day care open 7:30 am to 6:00 pm Mondays to Fridays only.**

### CENTRELINK INFORMATION

Child's CRN: \_\_\_\_\_

Parent CRN: \_\_\_\_\_

CCB Eligible Hours: \_\_\_\_\_ Hrs

CCB Percentage: \_\_\_\_\_ %

Parent/Guardian/Claimant Name: \_\_\_\_\_

**Important: Please make sure that the Parent/Guardian/Claimants details above are for the person claiming the CCB.**