



## **Wait list application form**

Date: \_\_\_/\_\_\_/\_\_\_

Child's name: \_\_\_\_\_

Gender:            Male                      Female                      Age: \_\_\_\_\_                      D.O.B: \_\_\_/\_\_\_/\_\_\_

Place of birth: \_\_\_\_\_                      Languages spoken at home: \_\_\_\_\_

Preferred pattern of attendance

MON/TUES            MON/TUES/WED                      WED/THURS/FRI                      THURS/FRI                      5 DAYS

Are these days flexible?    Y/N

Immediate Start? Y/N            If not, intended start date: \_\_\_/\_\_\_/\_\_\_

.....

### **Parent one**

### **Parent two**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Postcode: \_\_\_\_\_

Place of work/study: \_\_\_\_\_

Place of work/study: \_\_\_\_\_

Phone (M): \_\_\_\_\_

Phone (M): \_\_\_\_\_

Phone (H): \_\_\_\_\_

Phone (H): \_\_\_\_\_

Phone (W): \_\_\_\_\_

Phone (W): \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Country of birth: \_\_\_\_\_

Country of birth: \_\_\_\_\_

Please indicate (circle) the applicable priority of access:

Both parents or sole parent working or studying

Children of parents with a disability

Children at risk of abuse or neglect

One or both parents at home

*Please return completed application and \$80 fee (Payable by EFTPOS, credit or cheque) to Centennial Park Early Learning Centre.*

Email: [cpelc@optusnet.com](mailto:cpelc@optusnet.com)

Account Name: Centennial Park Early Learning Centre

BSB: 012-281

A/N: 451525113