

WAITLIST APPLICATION FORM

Preferred Centre (please circle):

Telephone Number/s

ADDRESS:

Sutherland	Loftus		No prefe	oreference– waitlist for both		
CHIID'S DETAILS						
CHILD'S DETAILS						
Name	Midd	dle Name	;	Surname		
Gender	MAL	MALE FEMA		FEMALE	1 ALE	
DATE OF BIRTH	I		1			
ADDRESS:						
LANGUAGES SPOKEN	1:					
ADDITIONAL NEEDS:						
ALLERGIES OR SPECIA	٩L					
DIETARY NEEDS:						
OTHER RELEVANT						
INFORMATION						
CARE DETAILS						
Requested Commer	ncement Dat	e:				
Are your preferred do	avs flexible?	Yes	No			
Days of care						
required (Please Circle)	Monday	Tuesday	Wednesda	y Thursday	Friday	
li leuse Cilcie)						
CARER 1 DETAILS						
Name	Midd	Middle Name		Surname		
Gender	MAL	MALE		FEMALE		
Date of Birth						

Email address:						
LANGUAGES SPOKEN:						
Occupation and place of						
employment or Study:						
CARER 2 DETAILS						
Name	Middle Name	Surname				
Gender	MALE	FEMALE				
Date of Birth						
Telephone Number/s						
ADDRESS:						
Email address:						
LANGUAGES SPOKEN:						
Occupation and Place of						
employment or Study:						
OTHER RELEVANT INFORMATION IN RELATION TO YOUR CHILD OR FAMILY CIRCUMSTANCES:						
CINCONION WINCES.						
SIGNED: Carer 1						
SIGNED: Carer 2						
DATE:						
Office use only						
Date Received:						
Information added to officio	ıl waitlist					

All information on this form is treated as confidential. There will be limited and only authorized access to this form. The information contained in this form is used for the purpose of providing HIGH QUALITY childcare service to your family.

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