



Child Care Waiting List Application Form

I desire to have the name of my child, whose particulars are below, placed on the waiting list. I understand that enrolment offers will be administered according to the centres enrolment policy.

Please attach your non-refundable waiting list fee of \$11.00 per child (including GST).

Enrolment and Contact Details

Child's Name: _____

Male / Female: _____ DOB: _____

Parent / Carer 1: _____ Occupation: _____

Parent / Carer 2: _____ Occupation: _____

Address: _____

Contact Phone Numbers: _____ Email Address: _____

Please remember your responsibility to notify us of any change of address or phone number.

Does your child have any additional needs, e.g. physical, medical, developmental that need to be catered for specifically so that appropriate arrangements can be made:

Details: _____

Reason for Care: _____

Preferred Groups / Times

Year: 20__	Group: (circle)	6 weeks to 2 years	2 – 3 years	3 – 5 years
	Desired Days: _____		Hours required: _____	

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Year: 20__	Group: (circle)	6 weeks to 2 years	2 – 3 years	3 – 5 years
	Desired Days: _____		Hours required: _____	

Parent / Carer Authority

Signed: _____ Date: _____

Received By: _____ Date: _____

If you wish to enrol your child at the St James Lutheran Community Kindergarten Centre, please complete a **separate** waiting list application form.