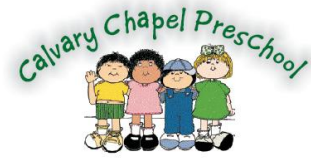


WAITING LIST APPLICATION



Child's Name: _____ Sex: _____ D.O.B.: _____

Additional Need or Disability: _____

Languages spoken: _____

Days required: (Please circle)

Monday Tuesday Wednesday Thursday Friday

*The usual allocation of days is 5 days, 3 days(Mon-Wed/Wed-Fri), or 2 days
(Mon-Tues/Thurs-Fri)

When do you require care to begin? _____

Have you had other children attend Calvary chapel Preschool? Yes/No

Parent/Carers Details:

Mother's Name: _____ **Phone:** _____

Mobile: _____

Address: _____ **Post Code:** _____

Are you currently: Working ___ Studying ___ Seeking Work ___ Home Duties ___

Occupation: _____ **Work Phone:** _____

Place of Work/Study: _____ **Hours:** _____

Father's Name: _____ **Phone:** _____

Mobile: _____

Address: _____ **Post Code:** _____

Are you currently: Working ___ Studying ___ Seeking Work ___ Home Duties ___

Occupation: _____ **Work Phone:** _____

Place of Work/Study: _____ **Hours:** _____

Parent/Carer Signature: _____ **Date:** _____

Comments: _____

You can either fax this form to Calvary Chapel Preschool on (02)9723 2777 or mail to Calvary Chapel Preschool 42A Beale Street, Georges Hall 2198.