



Form: Waiting List Form

FORM-045

Date of booking _____

Child's Name		D.O.B	
1 st Parent Name			
1 st Parent Contact	Home:	Mobile:	
	Work:	Email:	
2 nd Parent Name:			
2 nd Parent Contact:	Home:	Mobile:	
	Work:	Email:	

Type of Care Required	Full Time	Part Time				
		M	T	W	TH	F
Date of Care Required:						
Priority of Access	1. Children at risk 2. Working/studying 3. Other					

I have read the initial parent information sheet and had a tour of the Service €

I understand I am to pay the waiting list fee of \$20 to secure my name on the waiting list €

I understand that not contacting the service via email every 8-10 weeks may forfeit my position on the waitlist. Failure to advise the service of not needing a position on the waitlist will forfeit the \$20 waitlist fee. €

Parent Name: _____

Parent Signature: _____

Educator Name: _____

Educator Signature: _____