



Waiting List Application

Date of Application _____ Preferred Date for Care to Commence _____

Parent Details

Name _____

Address _____

Contact Numbers

Hm _____ Wk _____ Mob _____

Email: _____

Child Details

Name _____

DOB or Expected Due Date _____

Access Guideline Priority (refer over) 1 2 3

Days Required:

M T W T F

Application

I wish to apply for a placement as detailed above at Prospect Community Child Care Centre.

I understand that to maintain this place in the waiting list I need to contact the centre at least every 3 months to confirm our continuing interest. Not doing so will result in the removal of this application.

I understand and agree to pay the \$20 waiting list application fee with this request.

I understand there is a priority of access and whilst the centre endeavours to accommodate my request it is not a guarantee I will get the care I require.

Signed

_____ Dated _____

Name _____

