



## Waiting List Application

Date of Application \_\_\_\_\_ Preferred Date for Care to Commence \_\_\_\_\_

### Parent Details

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Numbers

Hm \_\_\_\_\_ Wk \_\_\_\_\_ Mob \_\_\_\_\_

### Child Details

Name \_\_\_\_\_

DOB or Expected Due Date \_\_\_\_\_

Access Guideline Priority (refer over)    1     2     3

### Days Required:

M	T	W	T	F
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

### 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 \_\_\_\_\_

