



Fieldsend Early Learning Centre Waitlist Application Form

Date of application:/...../.....

Child's Surname: Child's First Name:.....

E.D.o.B / D.o.B:/...../..... Start date for care:/...../.....

Number of days required:

Days: Mon [] Tues [] Wed [] Thurs [] Fri []

Are these days flexible: YES / NO

Mother's Details:

Father's Details:

Name:

Name:

Address:

Address:

Phone (H/W)

Phone (H/W):

Phone (mob):

Phone (mob):

Email

Email

In order to comply with the guidelines determined by the Department of Family and Community Services and to ensure priority of enrolment on a needs basis, you are requested to supply the following information.

Please tick relevant information

[] Two parent family [] Single parent family [] Working full-time [] Working part-time

[] Seeking employment [] Home duties [] Studying

[] Is the child at risk?

Do you or your child have any health problems or disabilities: YES / NO

Details.....

Are there any other special circumstances: YES / NO Details:

By filling out this form your child's name is placed on a waiting list. However, there is no guarantee of placement in the centre.

Applicants signature: Date:/...../.....