



## Wait List Form

DATE: \_\_\_\_\_

Child's Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Health / Allergies: \_\_\_\_\_

	Parent 1	Parent 2
Name		
Address		
Phone	Home:	Home:
	Mobile:	Mobile:
Email		
Occupation		
Ethnicity		

Days required: \_\_\_\_\_

Attendance Required from: \_\_\_\_\_

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

**Are You: (please circle)**

Two  
Parents

Single  
Parent

Full Time  
Employment

Part Time  
Employment

Studying

Signature: \_\_\_\_\_ Date: \_\_\_\_\_