



Waiting List Application

To be filled in by Shine: Date Received:

Child's Surname:		Child's First Name:	
Date Of Birth:		Age in Years and Months: (when commencing care)	
Number of Days Care Required:		Commencement Date:	
Preferred Days: Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/>			
PARENT / CARER - ONE		PARENT / CARER - TWO	
Name:		Name:	
Relationship to child:		Relationship to child:	
Employer:		Employer:	
Occupation:		Occupation:	
Phone (M): Phone (W):		Phone (M): Phone (W):	
Email:		Email:	
Home Address:		Home Address:	
Phone (H):		Phone (H):	
Languages Spoken:		Languages Spoken:	
Does your child have any particular / special needs?			
How did you hear about our centre?			
<p><i>Completion and return of this form places your child's name onto the waiting list but does not guarantee a placement at the centre.</i></p> <p><i>As an approved child care service, we comply with the Family Assistance Law and the requirements of Priority of Access relating to it.</i></p> <p><i>This includes filling places by following priority in order as follows: 1) a child at risk of serious abuse or neglect</i></p> <p><i>2) a child of a single parent or both parents who satisfy the work, training & study tes 3) any other child</i></p>			
Applicant's Signature:		Date:	

Please return this form by sending to: 54 Dryden Avenue, Carlingford. NSW. 2118

phone: 9871 4735 fax: 9871 4736

email: info@shinepreschool.com.au

Thank you for considering **SHINE** Pre School Carlingford