

## Wait List Application

### Child's Details

First Name	
Middle Name	
Last Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (dd/mm/yyyy)	
Place of Birth	
Address	
Language/s Spoken at Home	
Aboriginal or Torres Strait Islander descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional needs or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attending another service?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Parent/Guardian 1 Details

First Name	
Middle Name	
Last Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	
Home Phone	
Work Phone	
Mobile	
Email	
Working, studying or training	<input type="checkbox"/> Yes <input type="checkbox"/> No
Concession/Health Care Card	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Parent/Guardian 2 Details

First Name	
Middle Name	
Last Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	
Home Phone	
Work Phone	
Mobile	
Email	
Working, studying or training	<input type="checkbox"/> Yes <input type="checkbox"/> No
Concession/Health Care Card	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Preferences

Please note that completing this form is not a guarantee of enrolment. Availability depends on enrolment patterns and vacancies in the service. Priority of access is in accordance with funding guidelines.

Number of days	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Day/s requested	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Any days
Start date (dd/mm/yyyy)	
How did you find out about the service?	