

Hillside Pre-school Day care Centre

Application for waiting list

Application for waiting list		Date:			
Parent 1(with CRN):		Parent: 2			
First name:					
Last name:					
Address:					
Home phone:					
Mobile phone:					
E-mail:					
Child's information:					
First name:		Last name:			
DOB:		Sex M/F:			
Required starting date:					
Days/times required:					
	Mon	Tue	Wed	Thu	Fri
Arrival time:					
Departure time:					
Priority of Access:					
The centre must comply with enrolment priority and access guidelines set by FAO.					
1. Aboriginal/Torres Strait Islander		Y/N			
2. Risk of harm/Foster Care		Y/N			
3. Working parents/guardians		Y/N			
4. Preschool age		Y/N			
5. Current siblings attending		Y/N			
Special conditions:					
Our centre is committed to providing quality care for all children including those with special needs or medical conditions.					
Condition:					
Treatment:					
Doctor:					
Signature:			Date:		

Office use only:		Date:			
Days given:	Mon	Tue	Wed	Thu	Fri
Total days:			Room:		
Priority given:					
Additional information:					

