

WAITING LIST FORM

Date of Application: _____

Child's Details

Last Name _____ Male Female

First Names _____

Date of Birth (or expected date of birth) _____

Address _____

Date care is required from _____

Days care is required (please tick)

Monday Tuesday Wednesday Thursday Friday

Family Details

Mother / Guardian

Father / Guardian

Surname _____

Given Names _____

Phone numbers	H	H
	W	W
	Mob	Mob

Nationality _____

Ethnicity _____

Aboriginal/Torres Strait Islander _____

Language/s spoken at home _____

Working / seeking work / studying /
not working / on maternity leave _____

Employer / University Department _____

Occupation / Student (UG/PG) _____

Course / Faculty _____

USYD Union Membership number
(if applicable) _____

Are you a Sole Parent? Yes No

Number of dependent children _____

Does your child have any special medical, physical or intellectual needs?
Please state the nature of these:

DOCS referred Yes No

Isolated Family Yes No

Sibling(s) already enrolled at Centre or on waiting list

Number of years you expect to use the child care centre _____

Any special circumstances relating to your application

Please note:

Contact the centre within each 6 month period to remain on the waiting list or give changes of your details. If we do not hear from you after six months we will assume that you no longer require care and your child's name will be removed from the waiting list.

Please let us know after the birth of your child the name, sex, and exact date of birth

Name _____

Signed _____ Date: _____

Relationship to child _____