Application for Waiting List

Date Received:

Child's Details	Gender: F /M
Family Name:	Date of Birth: / /
First Name:	Age
Address:	
Suburb:	Postcode:

Parent/Guardian Details	
Name	Name
Address	Address
Suburb	Suburb
Home Phone	Home Phone
Mobile	Mobile
Employer	Employer
Occupation	Occupation
Work Phone	Work Phone

- ❑ Working Full Time/Working Part Time
- ❑ Studying
- ❑ Seeking Employment/Non Working
- ❑ Newcastle City Council Employee
- ❑ Samaritans Employee

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Type of Care Required

❑ Occasional ❑ Full Time

Days Required (Please Tick)

❑ Mon ❑ Tue ❑ Wed ❑ Thu ❑ u

Approximate Start and Finish Times

Start _____ Finish _____ When would you like your child to start? _____

Does you child have any health problems or disabilities? ❑ Yes ❑ No

If Yes

How did you hear about the centre?

Office Use	Date Received	Siblings ❑ Yes ❑ No	Priority Code
Date:			