

application form | to be placed on our waiting list

Office use only: Date of application form received: / /

Child

First name/s: _____ Surname: _____ Hebrew name/s: _____

Gender: M F

Date of Birth: / /

Country of birth: _____ Language/s spoken: _____

Mother / Father / Guardian

Primary account holder – this person is registered or likely to register for Child Care Benefit and/or Child Care Rebate.

Title: Dr Mr Mrs Ms Miss

First name/s: _____ Surname: _____ Hebrew name/s: _____

Relationship to the child (eg, Mother/Father/Guardian): _____

Gender: M F Country of Birth _____ Language/s spoken: _____

M ☎: _____ H ☎: (_____) _____ Email: _____

Home Address Street address: _____

Suburb: _____ State: _____ Postcode:

Mailing address (if different from above)

Street address: _____

Suburb: _____ State: _____ Postcode:

Best communication method: In person Email Phone Other: _____

Mother / Father / Guardian

Secondary account holder

Title: Dr Mr Mrs Ms Miss

First name/s: _____ Surname: _____ Hebrew name/s: _____

Relationship to the child (eg, Mother/Father/Guardian): _____

Gender: M F Country of Birth _____ Language/s spoken: _____

M ☎: _____ H ☎: (_____) _____ Email: _____

Home Address Street address: _____

Suburb: _____ State: _____ Postcode:

Mailing address (if different from above)

Street address: _____

Suburb: _____ State: _____ Postcode:

Best communication method: In person Email Phone Other: _____

Attendance Details

Prospect start date: / /

Room/age group: 12 months 2 years 3 years 4 years

Days required: Monday Tuesday Wednesday Thursday Friday

The above choice of days is: Flexible Specific

Times required (please indicate the likely drop-off and pick-up time):

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival time					
Departure Time					

Please note that we cannot guarantee days but will do our best to accommodate your needs.

Consent

- I declare that the information in this form is true and correct and undertake to immediately inform the Centre of any change to this information.
- I understand that the submission of this form will place my child on a waiting list. I will be notified in writing of a placement at the Centre.

Signature: _____

Signature: _____

Name: _____

Name: _____

Date: / /

Date: / /

Fee

Please return the completed Application Form, together with the administration fee of \$100 and you will be advised of your child/children place/s. The fee is refundable if the Centre is unable to offer your child a place.

Please charge my credit card \$100:

Visa/MasterCard number: - - -

Expiry date: /

Name on Card: _____

Signature: _____

Date: / /