

Application of Interest Form

Centre:

1. Child's Name: _____ Date of Birth: / /

2. Child's Name: _____ Date of Birth: / /

3. Child's Name: _____ Date of Birth: / /

4. Child's Name: _____ Date of Birth: / /

Parent/Guardian Name: _____

Home Telephone: _____

Work Telephone: _____

Mobile Telephone: _____

Email Address: _____

Street Address: _____

Suburb: _____

Postcode: _____

Reason for Care: Working Study Respite / Social Disability Other

Days required: *(please write times required in box below for each day required)*

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time:					
Departure Time:					
Requested Start Date:					

How did you hear about us? Word of mouth Local paper Yellow pages Child care hotline Other

Is your child aged 0-2 years? *(please answer the following questions)*

Walking unassisted: No Yes 1 sleep a day 2 sleeps a day

School drop off: / Pick up: School name: _____

Parent/Guardian signature: _____

Date: _____