

# WAITING LIST APPLICATION FOR CHILD CARE

*Please complete all details*

**Names: Parent A** Surname: ..... First name: .....

**Parent B** Surname: ..... First name: .....

**Home Address:** .....

..... **Post Code** .....

**Phone: Parent A** ..... (home) ..... (work) .....(mobile)

**Parent B** ..... (home) ..... (work).....(mobile)

**Child requiring care:**

Name	Date of Birth	Male/Female
.....	.....	.....

**Days & Hours Care is Required**

Monday	Tuesday	Wednesday	Thursday	Friday

*will you consider any days / times that may become available:* Yes / No

**Preferred date of commencement:** ..... / ..... / 20.....

**Parent A**

**Parent B**

*If employed:*

**UNE department or other** ..... .....

*If student:*

**State Degree** ..... .....

**Internal or External** ..... .....

**Employed/Studying**                      **Full time or Part time**                      **Full time or Part time**

**Date of Application:** ...../...../20.....

**Signature of Applicant:** .....

Office use only:

Initial date of enquiry: ..... / ..... / .....      Commencement date: ..... / ..... / .....      Termination date: ..... / ..... / .....

Reason for termination: .....