

McGRATHS HILL CHILDREN'S CENTRE

P.O. Box 554 WINDSOR 69 Andrew Thompson Drive MCGRATHS HILL N.S.W 2756 Tel: 02 45877141

Application for Wait List

Child's Given Name: Child's Family Name:

M / F: D.O.B: Address:

Cultural Background: Post:

Home Tel:

Mother's Given Name: Mother's Family Name:

Home Tel: Mobile: Address:

..... Post:

Are you currently: Working Seeking Work Unemployed Studying
(Please circle)

Occupation: Hours of Work:

Employer: Work Tel:

Father's Given Name: Father's Family Name:

Home Tel: Mobile: Address:

..... Post:

Are you currently: Working Seeking Work Unemployed Studying
(Please circle)

Occupation: Hours of Work:

Employer: Work Tel:

Marital Status: Single Married Separated Divorced Widowed De Facto
(Please circle)

Language spoken in the home:

Are you in receipt of any benefit? If Yes, please give details:

Do you currently have Child Care?

Please complete answers overleaf

What days do you require Care? (Please circle) Mon Tue Wed Thur Fri Sat Sun

During what hours do you require care?

Does your child have any special needs or disabilities?

Date from which care is required: Please note: It may not be possible for your child to commence on this date.

Is there any other information you feel we should know?

Signature: Date:

Office Use Only: Child Care Benefit Y/N: School Start Date:

Attendance Types Required: 1st Choice 2nd Choice

Evidence of Priority Y/N: Priority No:

Category:
