

WAITING LIST FORM							
CHILD TO BE ENROLLED							
First Name			Surname				
Date of Birth			Gender		☐ Female		Male
Address			1				
PARENT 1							
First Name			Surname				
Address			1				
Email			Mobile				
Occupation			SIGNED				
PARENT 2							
First Name			Surname				
Address				•			
Email			Mobile				
Occupation			SIGNED				
CARE FOR YOUR C	HILD						
Is your Child currently in Care?		☐ Ye	□ Yes		No		
When would you like to start Care?		☐ ASAP			Date:		
What days do you require Care?		<ul><li>☐ Monday</li><li>☐ Tuesday</li><li>☐ Wednesday</li></ul>			Thursday Friday		
Does your child have any special needs or disabilities?							
Does your child require Inclusion Support?							
If your application is successful, at the time of enrolment to secure your child's place we require an							
enrolment fee of \$70.00 (eft only) This fee is Non Refundable							
Note:							
Parent Signature		Date					
Received by:			Dated:				