



APPLICATION FOR WAITING LIST

DATE OF APPLICATION: _____

APPLICATION WAS FILLED OUT IN PERSON / OVER PHONE / BY FRIEND OR
RELATIVE

FAMILY DETAILS:

Mother / Father/ Guardian name _____

Home address _____

Home phone _____ Work phone _____ Mob _____

Email _____

Child's full name _____

Date of birth _____ Sex _____

Days Required for Care: Monday Tuesday Wednesday Thursday Friday Any Day
(Please circle)

When would you like care to commence? _____

Learn and Play abides by the "Priority of Access Guidelines" set out by the Australian Government, Department of of Education, Employment and Workplace relations.,

Please fill out and return by post or email.