



Little Dolphins Long Day Care Centre  
23 Rowley St Brighton-Le-Sands  
9556-2882

**Date of application:**

**APPLICATION FOR WAITING LIST**

Please make sure your form is completely filled in. Incomplete forms will not be processed.

Child's Surname.....First Name.....

Date of Birth.....Age in years and months.....

No. days required.....Any preferences.....

Are these days flexible? Yes/No

Could you please indicate when you would like attendance to commence.

(month/year).....

**Parent One**

**Parent Two**

Name.....Name.....

Address.....Address.....

P/code..... P/code.....

Phone(Mobile)..... Phone(mobile).....

Phone (work) ..... Phone (work).....

Phone(h).....Phone(h).....

Occupation.....Occupation.....

Languages/cultural background .....

**Please circle the relevant information**

Is your child at risk of harm/abuse      Single parent family      Working full time

Working Part Time      Two parents working      Aboriginal/ Torres Straight Islander

Seeking employment      Home duties      Studying      Other      Two parent family

Do you or your child have any health problems or disabilities?.....

Are you at home with several small children?.....

Any other circumstances?.....

I understand that this form is just to enter our wait list. When a place becomes available you will be notified.

Applicant's

signature.....Date.....