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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Wattle Grove Long Day Care Waitlist Form** | | | | | | | | | | | | | | | | | | | |
| **Date of application submission** | |  | | | | | | | | | | | | | | | | | |
| **Child’s details** | **First and last name** |  | | | | | **D.O.B** | | |  | | | | **Gender** | | |  | | |
| **Childs childcare number (CRN)** | |  | | | | | | | | | | | | | | | | | |
| **Address** | |  | | | | | | | | | | | | | | | | | |
| **Home language** | |  | | | | | | | | | | | | | | | | | |
| **Second language** | |  | | | | | | | | | | | | | | | | | |
| **Cultural background and religion** | |  | | | | | | | | | | | | | | | | | |
| **Child lives with** | |  | | | | | | | | | | | | | | | | | |
| **Siblings names and age** | |  | | | | | | | | | | | | | | | | | |
| **Is your child**  **Aboriginal/Torres Strait Islander** | | **Yes** | |  | | | **No** | |  | | | **Unsure** | | |  | | | | |
| **Date of application** | |  | | | | | | | | | | | | | | | | | |
| **Commencement date** | |  | | | | | | | | | | | | | | | | | |
| **Hours your child will be attending** | |  | | | | | | | | | | | | | | | | | |
| **Preferred days of attendance**  **(Please mark)** | | **MON** |  | | **TUE** |  | | **WED** | | |  | | **THUR** | | |  | | **FRI** |  |
| **Additional needs** | |  | | | | | | | | | | | | | | | | | |
| **Allergies** | |  | | | | | | | | | | | | | | | | | |
| **Court/parenting orders** | |  | | | | | | | | | | | | | | | | | |

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| --- | --- |
| **Parent/Guardian’s Details- Parent who CRN is linked to the child on the Centrelink’s database.** | |
| **Parent/Carer 1 Full Name** |  |
| **D.O.B** |  |
| **Email** |  |
| **Main contact number** |  |
| **Secondary contact number** |  |
| **Address, please include post code** |  |
| **CRN** |  |
| **Occupation** |  |
| **Cultural background** |  |
|  | |
| **Parent/Carer 2 Full Name** |  |
| **D.O.B** |  |
| **Email** |  |
| **Main contact number** |  |
| **Secondary contact number** |  |
| **Address, please include post code** |  |
| **CRN** |  |
| **Occupation** |  |
| **Cultural Background** |  |