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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** |  |