

WAITING LIST APPLICATION FOR CHILD CARE

Please complete all details

Names: Parent A Surname: First name:

Parent B Surname: First name:

Home Address:

..... Post Code

Phone: Parent A (home) (work)(mobile)

Parent B (home) (work).....(mobile)

Child requiring care:

Name	Date of Birth	Male/Female
.....

Days & Hours Care is Required

Monday	Tuesday	Wednesday	Thursday	Friday

will you consider any days / times that may become available: Yes / No

Preferred date of commencement: / / 20.....

Parent A

Parent B

If employed:

UNE department or other

If student:

State Degree

Internal or External

Employed/Studying **Full time or Part time** **Full time or Part time**

Date of Application:/...../20.....

Signature of Applicant:

Office use only:

Initial date of enquiry: / / Commencement date: / / Termination date: / /

Reason for termination: