**WAITING LIST APPLICATION**

**Please return this form to** [**hilton@littlekindy.com.au**](mailto:hilton@littlekindy.com.au)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child’s full name:** | | | | **Date of birth:** |
| **CRN:** | | | | |
| Mother’s name: | | Father’s name: | | |
| CRN: | | CRN: | | |
| Date of Birth: | | Date of Birth: | | |
| Phone Number: | | Phone Number: | | |
| Email: | | Email: | | |
| **Required days and hours of care** | | | | |
| ⬜ Monday from \_\_\_\_\_\_\_ to \_\_\_\_\_\_  ⬜ Tuesday from \_\_\_\_\_\_\_ to \_\_\_\_\_\_  ⬜ Wednesday from \_\_\_\_\_\_\_ to \_\_\_\_\_\_  ⬜ Thursday from \_\_\_\_\_\_\_ to \_\_\_\_\_\_  ⬜ Friday from \_\_\_\_\_\_\_ to \_\_\_\_\_\_ | | | | |
| Care to commence on (date) pending availability of positions: | | | | |
| Name/s of siblings currently in care (if applicable): | | | | |
| Where do you get information about Little Kindy: Word of mouth, Facebook, or other: \_\_\_\_\_\_\_\_ | | |  | |
| Signature of applicant: | Date of application: | | | |
| Notes/Comments: | | | | |