**WAITING LIST APPLICATION**

**Please return this form to** **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: |