



# **NORTH SYDNEY FAMILY DAY CARE**

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## **APPLICATION FOR PLACEMENT ON WAITING LIST**

Date of application .....

**Parents Given Name:** \_\_\_\_\_

**Parents Surname:** \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Suburb of Work: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Do you have a car to drop off/pick up child?

Y / N

**Partners Given Name:** \_\_\_\_\_

**Partners Surname:** \_\_\_\_\_

Suburb of Work: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

**Child's Given Name:** \_\_\_\_\_ M / F **Childs Surname:** \_\_\_\_\_

**Child's Date of Birth:** \_\_\_\_\_ Does your child have any special needs? Y / N

(waiting list applications can only be submitted once your baby is born)

Comments: \_\_\_\_\_

Date/Month/Year that care is required to start: \_\_\_\_\_

Days and Hours required for care:

|                   | <b>Monday</b> | <b>Tuesday</b> | <b>Wednesday</b> | <b>Thursday</b> | <b>Friday</b> |
|-------------------|---------------|----------------|------------------|-----------------|---------------|
| <b>Start Time</b> |               |                |                  |                 |               |
| <b>End Time</b>   |               |                |                  |                 |               |

Reason for requiring care: \_\_\_\_\_

(Working/studying/respite/special needs etc)

Office Use Only

| <b>Date of Office Contact</b> | <b>Date of Parent Contact</b> |
|-------------------------------|-------------------------------|
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