

Funny Days Kindergarten
Waiting List Application

Date of Application: ____/____/____

Child's Details

Surname: _____

First Name: _____ Middle Name _____

Child's Residential Address _____

Sex (please circle): Male Female Date of Birth: ____/____/____

Parent 1

Surname _____

First Name _____

Residential Address: _____

Home Phone: _____

Mobile: _____

Current Work Status

Working FT Working PT
Studying Seeking Employment

Parent 2

Surname _____

First Name _____

Residential Address: _____

Home Phone: _____

Mobile: _____

Current Work Status

Working FT Working PT
Studying Seeking Employment

1st preference for type of care required: *(Please Circle)*

Pre-school Long Day Care Occasional Care

2nd preference for type of care required: *(Please Circle)*

Pre-school Long Day Care Both Occasional Care

Number of days care is required (1 to 5): _____

Please circle days for which care is required

Monday Tuesday Wednesday Thursday Friday Any

Does your child have any health problems? Yes No

(eg. Asthma, Anaphylaxis, Diabetes)

If yes, please state:

Is your child from an Aboriginal background: Yes No

Does your child have specific developmental needs that may require additional support:

Yes No

Any other special circumstances? _____

Office Use Only

Date received: ___/___/___ Priority Access: One Two Three

Contact date: ___/___/___

Comments: _____

Have parents notified Family Assistance Office to obtain CCS (Childcare Subsidy)?
