



STAR OF THE SEA CATHOLIC CHILD CARE CENTRE

Managed by Centacare Child Care Services 07 3821 2999

Application for Waiting List

Parent Details

Parent/Partner

First Name

First Name

Last Name

Last Name

Home Address

Home Address

Home Phone

Home Phone

Mobile

Mobile

Email Address

Email Address

Religion

Religion

Occupation

Occupation

Work Contact

Work Contact

Work Mobile

Work Mobile

Please tick  if you would like to be placed on the Mailing List/email group for updates and information

To secure a place on the Waiting List please complete this application form.

A non-refundable payment of \$20 per child is required.

This may be paid by either a cheque/money order payable to:

Star of the Sea Catholic Child Care Centre

OR

Electronic Funds Transfer to the following account:

Account Name: Cleveland Star of the Sea Catholic Child Care Centre

BSB: 064 786

Account No: 51997 6001

DIRECT DEBIT REFERENCE [from your bank] .....

[It is essential to complete these details to validate your request for a place on the Waiting List]

Please post completed application to:

Star of the Sea Catholic Child Care Centre
4 Longland Street, CLEVELAND QLD 4163

## Child's Information

### Child One

Given Names \_\_\_\_\_ Family Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: M/F \_\_\_\_\_

Place of Birth \_\_\_\_\_ Country of Origin \_\_\_\_\_

Language/s spoken \_\_\_\_\_ Religion \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
Days required					
Requested date to start					

If specified days are not required, please indicate number of days required

Please complete for other child requiring care:

### Child Two

Given Names \_\_\_\_\_ Family Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex : M/F \_\_\_\_\_

Place of Birth \_\_\_\_\_ Country of Origin \_\_\_\_\_

Language/s spoken \_\_\_\_\_ Religion \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
Days required					
Requested date to start					

If specified days are not required, please indicate number of days required

Involvement with Parish activities, eg:

- Star of the Sea School
- Other [please specify]

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only	Monday	Tuesday	Wednesday	Thursday	Friday
Days					
Priority of access			Room		
Date contacted			Care requested from		