

ST AUGUSTINE'S CHILD CARE CENTRE - SPRINGFIELD

Phone 3814 0299 Fax 3814 0399

Email: springfieldldc@bne.centacare.net.au

Managed by Centacare Child Care Services

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, there is a non-refundable administration fee of \$20 per child, with the completion of this Waiting List Application.

This may be made by either: Cheque/Money order payable to
St Augustine's Child Care Centre

OR

Cash/EFTPOS/Credit Card at our reception area.

OR

Electronic Funds Transfer to the following account

Account Name: St Augustine's Child Care Centre

BSB: 0 6 4 7 8 6

Account Number: 5 2 0 2 3 1 8 0 0

REF: _____ (family name – it is essential to complete this field to identify and validate your payment.)

Please your completed application to:
St Augustine Child Care Centre, PO Box 4730, Springfield, QLD, 4300

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/School activities, eg:

- Class room assistance
- Other [please specify]

Signature _____ Date _____

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