

Managed by **Centacare Child Care Services**
07 5502 3014

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
Occupation	Occupation
Work Contact	Work Contact
Work Mobile	Work Mobile

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

To secure a place on the Waiting List a non-refundable payment of \$10 per child is required. Please send cheque/money order payable to St Mary's Catholic Child Care Centre 185 Billingham Crescent UPPER COOMERA 4209

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

Days required	Monday	Tuesday	Wednesday	Thursday	Friday
Requested arrival time					
Requested departure time					
Requested date to start					

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

Please complete for further children:

Child Two

Given Names _____ Family Name _____

Date of Birth _____ Sex : M/F _____

Place of Birth _____ Country of Origin _____

Language/s spoken _____

Days required	Monday	Tuesday	Wednesday	Thursday	Friday
Requested arrival time					
Requested departure time					
Requested date to start					

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

Child Three

Given Names _____ Family Name _____

Date of Birth _____ Sex : M/F _____

Place of Birth _____ Country of Origin _____

Language/s spoken _____

Days required	Monday	Tuesday	Wednesday	Thursday	Friday
Requested arrival time					
Requested departure time					
Requested date to start					

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

Involvement with Parish activities, eg:

- Assisi Catholic College
- Jubilee Primary School
- St Mary's Play Group
- Other (Please specify)

Signature _____ Date _____

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