Parap Family Centre Waitlist Application

Child Details

|  |  |  |  |
| --- | --- | --- | --- |
| Family Name |  | Given Name |  |
| Preferred First Name |  | D.O.B or Expected D.O.B |  |
| Name of siblings current in care at PFC |  |

Attendance Preference

|  |  |
| --- | --- |
| Proposed Start Date |  |
| Are you flexible with the start date? (Please circle) |  YES/ NO |

Days Requested

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|  |  |  |  |  |
| Are you flexible with the days requested | □ Yes, I would like to take any \_\_\_\_ (number of days) days available□ No, I require the days as indicated above |

Parent/Guardian Details

|  |  |  |
| --- | --- | --- |
|  | Parent/Guardian 1 | Parent/Guardian 2 |
| Full Name |  |  |
| Address |  |  |
| Relationship to child |  |  |
| Phone number/s | (M)(W) | (M)(W) |
| Email Address |  |  |

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| --- |
| Waitlist Deposit  |
| Amount |  | Date Paid |  |
| Receipt of deposit: |  | Signature of educator |  |

|  |  |
| --- | --- |
| How did you find out about us? |  |

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| --- |
| 1. Please note if your child is currently enrolled at the centre and you want to pick up additional days you will be required to inform the centre in writing what additional days you would like, children waiting on additional days have a priority before children who are not currently enrolled. If your child ceases enrolment at the centre your child will not remain on the list to pick up additional days your child will be added to the waiting list from the date you complete this form.
2. Siblings of children currently enrolled at the centre have a priority on the waiting list, if the sibling is not currently enrolled the child does not have a priority on the waiting list and will remain on the list from the date, you completed this form.
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| There is a $20 administrative fee for Parap Family Centre waiting list. Please use the details below to transfer this fee. Please note the waiting list application will only be accepted when the fee is received.Name- Parap Family Centre BSB- 085933ACC- 822005791 |

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| --- |
| I have read and understood the information in this application. I understand completion of the waitlist application does not guarantee an enrolment offer at the service. |
| Parent/Guardian Name  |  | Date |  |
| Parent/Guardian Signature |  |