



Arncliffe Application for Waiting List

2 Dowling Street Arncliffe, NSW 2206

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*If you wish to fill this form electronically, it will only be valid if filled out using [Free Adobe Reader](#)

Parent one

First Name: _____
DOB: _____
Last Name: _____
Address: _____
Mobile Phone: _____
Work Phone: _____
Home Phone: _____
Email: _____

Parent Two / Other

First Name: _____
DOB: _____
Last Name: _____
Address: _____
Mobile Phone: _____
Work Phone: _____
Home Phone: _____
Email: _____

Child Information

Given Names: _____ Last Name: _____
DOB: _____ Country of Birth: _____ Sex: M F
Parent CRN: _____ Date to start: _____ Child CRN: _____
Language/Ethnicity: _____ Religion: _____

Days / Times Required

TIME	MON	TUES	WED	THUR	FRI
ARRIVAL					
DEPARTURE					

Please note all children must be up to date with their immunizations before beginning care. The child's Birth Certificate and Immunization Records must be provided.

Priority to access: (Please check priority)

The centre must comply with enrolment priority of access set by FAO.

A child at risk

A child of a single parent/guardian who satisfies, or of parents/guardians who both satisfy the work/training/study test under section 14 of the NSW Tax System (family assistance) Act 1999.

Any child

Within these three categories priority is also give to other children. Please see (policies and procedures) **Special Needs/ Medical Conditions:** Our centre is committed to providing quality child care for all children including those with special needs or medical conditions. If your child has special needs or medical conditions, please give details:

Signed: _____ Print Name: _____ Date: _____

Office Use Only	MON	TUES	WED	THUR	FRI
DAYS GIVEN					

Total Days: _____

Priority Given: _____ Room: _____