



# Bexley North Application for Waiting List

9a-11 New Illawarra Road, Bexley North 2207

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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: \_\_\_\_\_