

**WAITING LIST APPLICATION FORM**

**Child’s Full Name:…………………………………………………………………..…Age:……………………**

Male or Female D.O.B.:………………..

(please circle)

**DESIRED STARTING DATE: DAYS TO ATTEND: M / T/ W/ TH/ F**

**(please circle)**

**Parent 1 –**

**Given Name:……………………………………………………………...D.O.B:…………………**

**Relationship to Child:………………………………… Phone Number:…………………………**

Email:……………………………………………………Currently working? Yes / No (Please circle)

This includes study or maternity leave

Address:………………………………………………………………...... Post Code:…………….

**Parent 2 –**

**Given Name:……………………………………………………………...D.O.B:…………………**

**Relationship to Child:………………………………… Phone Number:…………………………**

Email:……………………………………………………Currently working? Yes / No (Please circle)

This includes study or maternity leave

Address:………………………………………………………………...... Post Code:…………….

PRIORITY IS GIVEN TO APPLICANTS ON THE WAITING LIST IN ACCORDANCE WITH THE GOVERNMENT’S PRIORITY OF ACCESS GUIDELINES. Once priority of access is determined, applicants are offered a position in order of the date of application.

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Applicant’s Signature – Relationship to child Dated

(mother, father, grandparent)