



ABN 38066 325 102

Thirlmere Pegasus Early Education Centre

6 Antill Street, Thirlmere 2572
p: 02 4683 0333 f: 02 4683 0334

APPLICATION FOR WAITING LIST

Child's Surname

First Names:

Date of Birth: Age in Years/Months:

Sex M F Please tick Language spoken at home

Custody/Court Orders Y No

Mother **Father**

Name Name

Address Address

.....

Phone: (H) Phone: (H)

(W) (W)

(M) (M)

Occupation Occupation

Number of days of attendance (please circle) 1 2 3 4 5

Days Required (circle) Monday Tuesday Wednesday Thursday Friday

Date to Commence

Approximate times your child would arrive and be picked up?

Arrival Pick Up

In order to comply with priority of access guidelines determined by DOCS you are required to supply the following information.

Parent A Working Full Time Part Time Employment Studying Home Duties

Parent B Working Full Time Part Time Employment Studying Home Duties

Sole Parent Working Full Time Part Time Employment Studying Home Duties

Do you or your child have any health problems or disabilities?

.....
.....

Are you at home with several small children?

.....

Once this form is returned to our centre, your child's name will be included on our waiting list. A staff member will contact you to offer you a position, as soon as possible. As places are allocated on a priority of access basis, it is important that you advise us of any special circumstances.

We will arrange a time for you to attend an orientation and fill in the relevant paperwork. You will need to bring a copy of your child's birth certificate, immunisation records, registration fee and bond.

We look forward to sharing your child's early years with us.

Name of applicant

Signature of applicant

Date...../...../.....

Office Use:

Date offered position

To be put back on the waiting list Y

Date to contact