

# ENROLMENT WAITLIST APPLICATION

Email: [admin@wynbaycc.com.au](mailto:admin@wynbaycc.com.au)



## Wynnum & Bayside Childcare Centre



### Child Details

Family Name		Given Name	
Preferred First Name		D.O.B or Expected D.O.B	
Name of siblings current in care (if applicable)			

### 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		<input type="checkbox"/> Yes, I would like to take any ____ (number of days) days available <input type="checkbox"/> 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	(H) (M) (W)	(H) (M) (W)
Email Address		

How did you find out about us?	
Notes	

<p>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.</p>			
Parent/Guardian Name		Date	
Parent/Guardian Signature			

