

PARK STREET CHILDCARE & KINDERGARTEN CO-OPERATIVE LTD



785 Park Street Brunswick 3056
Tel: 9387 6147, Fax: 9387 6099
ABN: 69 719 801 165

**PARK STREET CHILD CARE & KINDERGARTEN CO-OPERATIVE
WAITLIST FORM 2016**

NAME OF CHILD: _____

D.O.B: _____ **LANGUAGE SPOKEN AT HOME:** _____

PARENTS INFORMATION **DATE OF APPLICATION:** ____ / ____ / ____

NAME: _____ **NAME:** _____

ADDRESS: _____ **ADDRESS:** _____

_____ **P/CODE** _____

TELEPHONE (H): _____ **TELEPHONE (H):** _____

TELEPHONE (W): _____ **TELEPHONE (W):** _____

MOBILE: _____ **MOBILE:** _____

OCCUPATION: _____ **OCCUPATION:** _____

EMAIL ADD: _____ **EMAIL ADD:** _____

WORKING Full time Part time Casual **WORKING** Full time Part time Casual
Please circle.

STUDYING Full time Part time Casual **STUDYING** Full time Part time Casual

DAYS REQUIRED: Mon Tue Wed Thur Fri
Please circle.

WHEN IS CARE REQUIRED: ____ / ____ / ____

ARE YOU FLEXIBLE WITH DAYS: YES NO

ANY ADDITIONAL INFORMATION: _____

PLEASE SEE REVERSE

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WAITLIST APPLICATION FEE

A waitlist application Fee of \$25.00 *non-refundable* will apply for all new applications. Please note that applications will not be processed unless payment accompanies the waitlist application form.

Please make cheque/money order payable to Park Street Child Care & Kindergarten Co-operative or please debit the following:

Visa MasterCard

Card Number: _____

Signature: _____

Card Expiry: ____ / ____

(Every endeavour is made to ensure that the child enrolled will be offered a place, but there is no guarantee.)

How did you find out about Park Street Child Care & Kindergarten Co-operative?

Please return form to: Park Street Child Care & Kindergarten Co-operative
785 Park Street
Brunswick Vic 3056

PROSPECTIVE PARENT VISIT

If you are interested in placing your child/ren at Park Street and would like to view the centre please call to make an appointment.