



LIGHTHOUSE CHILDCARE

WAITING LIST APPLICATION CONFIDENTIAL

Please print this form and FAX it to us on (02) 8088 6499

Estimated start date:

Day	Month	Year

CHILD DETAILS

Child's Surname:

First name:

Date of Birth:

Day	Month	Year

Male

☐

Female

☐

Days Required (please tick)

Monday

☐

Tuesday

☐

Wednesday

☐

Thursday

☐

Friday

☐

Are you flexible in the days you can attend?

Yes

☐

No

☐

PARENT / GUARDIAN DETAILS

PARENT / GUARDIAN 1

PARENT / GUARDIAN 2

Full Name:

Home Address:

Suburb:

Postcode:

Home Phone:

Work Phone:

Mobile Phone:

Email Address:

Please circle if you are

Working / seeking work / unemployed /
studying / homeduties

Working / seeking work / unemployed /
studying / homeduties

Parent's / Guardian's Signature:

Date:

THANKYOU FOR COMPLETING THE WAITING LIST APPLICATION FORM. UPON RECEIVING YOUR COMPLETED FORM & PAYMENT OF THE \$20 WAITLIST FEE, YOUR NAME WILL BE ADDED TO OUR WAITLIST & YOU WILL BE CONTACTED AS SOON AS A POSITION BECOMES AVAILABLE. PLEASE BEAR IN MIND THAT LIGHTHOUSE CHILDCARE ADHERES TO THE AUSTRALIAN GOVERNMENTS PRIORITY OF CARE CONDITIONS. *Please note that this form does not guarantee you a place in the centre*

Account - Lighthouse Childcare Pty Ltd Bank: ANZ BSB 012-310 ACCOUNT 261710182

How did you hear about Lighthouse Childcare?

Word of mouth

Advertising

Media

Recommended by

OFFICE USE ONLY

Waitlist fee

Special needs:

☐

Date Paid

Priority: