

Farran Street Quality Child Care Centre

"We Introduce Children to Themselves"

11 Farran St. Lane Cove NSW 2066 Tel: (02) 9427 5632. Fax. (02) 9427 9404

Application for Waiting List

Attendance start date:	
Child's Details	
Child's Name:	. 6
Date Of Birth:	Years: Months:
Sex: Male / Female	
Address:	
Parent One	Parent Two
Name:	Name:
Address:	Address:
Work Phone:	Work Phone:
Home Phone:	Home Phone:
Mobile:	Mobile:
Email:	Email:
Nationality:	Nationality:
Occupation:	Occupation:
Languages spoken:	Languages spoken:
Cultural Background:	Cultural Background:
Name of siblings:	
Ages:	

Requestea A	ttenaan	ce				
Days Attending (plea	se circle)					
Monday Tueso	lay We	dnesday	Thursday	Friday		
Approximate Daily H	lours Of Atten	dance:				
A non-refundable boo This is not an advance		50 is payable on	completion and	return of this form.		
	priority of enr			ction, Dept of Commune requested to supply the		
•	ent One			Parent Two		
	ng Fulltime			Working Full Time		
Workir	ng Part Time		~ TAX	Working Part Time		
Seeking	employment			Seeking employment	t	
St	udying		GAY.	Studying		
Do you or your child have any health problems or additional need requirements?						
Are you at home with several small children?						
Our centre is committed to providing quality child care for all children including those with special needs or medical conditions. If yes, please give details.						
Any other special Cir	cumstances?.					
Child care fees are re	lated to family	income. To de	termine your eli	gibility contact Center	ink or FAO	
Booking fee of \$50 to	be made pay	able to Farran S	treet Quality Ca	re Centre.		
For enquires please ri	ng (02) 9427	5632				
Applicant Name:		. Signature:	· · · · · · · · · · · · · · · · · · ·	1	Date:	