

WAITING LIST APPLICATION FORM



Murray Children's Centre
Charles Sturt University
Po Box 789 Albury NSW 2640
Building 711, 386 Elizabeth Mitchell Drive
Thurgoona, NSW, 2640
Telephone: 02 6051 9195 / 60519192
Email: murraychildrenscentre@csu.edu.au

Before you begin:

- Please ensure that all areas are completed and contact information is correct.
- Please print using black or dark blue pen in the spaces provided.
- It is the responsibility of parents to contact the centre to update this form should information change.
- We strongly recommend that you also place applications with other child care centres to maximise your chances of gaining a place for your child

1. Child Details

| | | | |
|---------------|----------------------|---------------|----------------------|
| Family Name | <input type="text"/> | | |
| First Name | <input type="text"/> | Given Name(s) | <input type="text"/> |
| Date of Birth | <input type="text"/> | | |
| Siblings | <input type="text"/> | Siblings Age | <input type="text"/> |

2. Parent / Guardian Details

| | |
|------------------|----------------------|
| Family Name | <input type="text"/> |
| First Name | <input type="text"/> |
| Address (Street) | <input type="text"/> |
| Suburb | <input type="text"/> |
| Postcode | <input type="text"/> |
| Telephone | <input type="text"/> |
| Mobile | <input type="text"/> |
| Email | <input type="text"/> |

Preferred method of contact Telephone Email

3. Parent / Guardian Details

Family Name

First Name

Address (Street)

Suburb

Postcode

Telephone

Mobile

Email

Preferred method of conduct

Telephone

Email

4. Applicant Details

Are you a student at Charles Sturt University?

Yes

No

If Yes, please enter your student number

Are you a staff member at Charles Sturt University?

Yes

No

If Yes, please enter your Staff ID

If you are neither a staff nor a student on campus, please specify if you are:

Student elsewhere

Working

Other

Please specify if other:

Do you have a child/ren already attending our centre

Yes

No

Date you would ideally like your child to commence

DD / MM / YYYY

Which days will you require? (please tick)

Monday

Tuesday

Wednesday

Thursday

Friday

Do you wish to be notified if days other than these are available?

Yes

No

Date

DD / MM / YYYY

5. Additional Information

Notes

Age at start date :

OFFICE ONLY

Date Received

DD / MM / YYYY

Room Required

Infant Toddlers Pre School

Start Date

DD / MM / YYYY

Orientation booked

DD / MM / YYYY

Time

: am / pm

Room Booked

Infant Toddlers Pre School

Approved By

Signature