

# 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