|  |  |  |
| --- | --- | --- |
| Kirinari Early Childhood Centre  PO Box 7246 Kaleen ACT 2617 | 02 6201 2339 | office@kirinari.org |

Waiting list form

**Please contact the Centre every 3 months to remain on the wait list.**

|  |  |
| --- | --- |
| **Name of registering parent** | |
| Surname | First name |

|  |  |
| --- | --- |
| Home address | Phone numbers |
|  | H\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  W\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  M\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email | |

|  |  |
| --- | --- |
| **Type of care required** | |
| * Semester   *Please note: Semester care is only available to current UC students.* | * Permanent- 50 weeks/year   Please circle the days required.  Mon Tues Wed Thu Fri |
| * Care required from \_\_/\_\_\_/\_\_\_\_ | * Tick if you can accept any start date |

|  |  |  |
| --- | --- | --- |
| **Please tick any that apply** | | |
| * UC Student | * UC staff | * UC alumni- Year graduated/ceased work? \_\_\_\_\_ |
| * Aboriginal | | * Torres Strait Islander |

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of Children** | | | |
| Family name | First name | M/F | D.O.B/Due date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Parent’s Signature­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office use only**

**Entered by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact made:** | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |