|  |  |  |
| --- | --- | --- |
| Kirinari Early Childhood CentrePO 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:** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |