



Waiting List Form

MEADOWBANK OOSH

CHILD'S DETAILS

NAME:			
DATE OF BIRTH	___ / ___ / _____	YEAR / GRADE	

ENROLMENT DETAILS

YEAR OF INTENDED ENROLMENT					
PLEASE CIRCLE THE TERM	TERM 1	TERM 2	TERM 3	TERM 4	
PLEASE CIRCLE PREFERRED SESSION	BEFORE CARE	MON	TUE	WED	THU FRI
	AFTER CARE	MON	TUE	WED	THU FRI

PARENT'S DETAILS

PARENT'S NAME:			
ADDRESS:			
PHONE		MOBILE	
EMAIL:			

FURTHER DETAILS

SIBLINGS AT THE CENTRE?	YES NO		
IF YES, NAME:			
ROOM GROUP:			
How did you hear about the centre? (Please circle)			
Friend	Internet	Advertising	Other (please specify):

Signature:	Date:	
Waiting List fee received YES NO		
Received by:	Signature:	Date: