



Waiting List Application Form

Childs Name	_____
D.O.B	_____
Address	_____
Mothers Name	_____
Home Phone	_____
Mobile Phone	_____
Email	_____
Fathers Name	_____
Home Phone	_____
Mobile	_____
Days Required	_____
Start Required	_____

How did you hear about us? _____

Priority of Access, please circle

- child at risk of serious abuse or neglect
- child of a single parent working/studying/training
- current sibling attending
- socialisation
- children of Aboriginal/Torres Strait Islander families
- both parents working
- child attending primary school the following year

Special Needs - Our centre is committed to providing quality childcare for all children including those with special needs or medical conditions. If yes, please provide details _____

Please post to 9 North Avalon Road, Avalon, 2107.

Please ensure you enclose the waitlist application fee of \$20.

(Fee is non-refundable)

Staff use only

WLA received _____ Date _____

Room Allocation _____

Days Offered _____

Reply Date _____

bear_njoey

LONG DAY CARE . NORTH AVALON

9 North Avalon Road Avalon Beach NSW 2107

Telephone 02 9918 9650

Email info@bearnjoey.com.au

ACN 49 100 232 424