



WAITING LIST APPLICATION FORM

DATE OF ENQUIRY: **PLANNED START DATE:**

1ST PARENT/GUARDIAN FULL NAME:

2ND PARENT/GUARDIAN FULL NAME:

ADDRESS:

.....
.....

TELEPHONE CONTACT No HOME:.....
WORK:.....
MOBILE:.....

***** IMPORTANT *** Your email:**

(Please note that email is required/compulsory for the delivery of **Fee Information & Communication**)

Cheeriokids email: admin@cheeriokids.com.au

OTHER CONTACT NUMBERS:

CHILD'S FULL NAME:..... DATE OF BIRTH:.....

CHILD'S FULL NAME:..... DATE OF BIRTH:.....

CHILD'S FULL NAME:..... DATE OF BIRTH:.....

DATE CARE REQUIRED:

DAYS REQUIRING CARE (PLEASE CIRCLE DAY/S):

MON

TUES

WED

THUR

FRI

COMMENTS:

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.....
.....
.....
.....

REASON FOR REQUIRING CARE (PLEASE CIRCLE):

WORK RELATED

STUDY RELATED

OTHER