EVERTON PARK CHILD CARE & DEVELOPMENT CENTRE
The Natural Choice

25 Halle St Everton Park Qld
PO Box 1418 Stafford Qld 4053
Ph/Fax 07 3355 7844
www.evertonparkchildcare.com.au
email: director@evertonparkchildcare.com.au

WAITLIST FORM

Office Use only:

Lodgement Date		
Admin $	Rec	Qk
Bond $	Rec	Qk

Family Surname	
Child's First Name	
Child's Surname	
Street Address	
Suburb & Postcode	P/code
Male/Female	
Date of Birth	
Language Spoken at Home	
Cultural/Religious Bkground	
Centrelink CRN (Child's)	
Age at Starting Date	
Preferred Start Date	

	Mother	Father
First Name		
Surname		
Street Address		
Suburb & P/code		
Home Phone No		
Mobile No		
Occupation		
Employer Name		
Work Phone No		
Date of Birth		
Parent Centrelink CRN		
Driver's Licence No		
Healthcare Card No		

Mum's email:

Dad's email:

Signed:

Mother.....

Father.....

Please indicate which set of days you require:	
Monday, Tuesday	
Monday, Tuesday, Wednesday	
Wednesday, Thursday, Friday	
Thursday, Friday	
Full Week (Monday-Friday)	

Is your child immunised? Yes / No — Proof required upon enrolment

ALLERGIES:

Is child at risk of anaphylaxis? No / Yes

Any other physical, health or emotional circumstances relevant to your child's care:

Do you identify as ABORIGINAL OR TORRES STRAIT ISLANDER? Yes / No

ADMIN FEE/LODGEMENT: $35 Mastercard / Visa

Name:

Exp

Signed .....

Current centre attending:

Reason for leaving:

Date.....

You will be required to complete an ENROLMENT FORM once a place has been offered for your child.

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