



## WAITLIST FORM

25 Halle Street, Everton Park QLD

PO Box: 1418 Stafford QLD 4053

Ph: 07 3355 7844

Website: [www.evertonparkchildcare.com.au](http://www.evertonparkchildcare.com.au)

Email: [director@evertonparkchildcare.com.au](mailto:director@evertonparkchildcare.com.au)



Office use only	
Admin fee:	\$50
Lodgement date:	/ /
Receipt number:	

Child's Details	
Child's First Name	
Child's Surname	
Date of Birth	
Male/Female	
Street Address	
Suburb	
Post Code	
Cultural/Religious Background	
Language spoken at home	
Current centre attending	
Reason for leaving:	

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

Is your child immunised?	Yes	/	No
Allergies/Anaphylaxis:	Yes	/	No
Any other physical, health or emotional circumstances relevant to your child's care:			
Do you identify as Aboriginal and/or Torres Strait Islander?			
	Yes	/	No

Parent/Guardian details:	Parent/Guardian 1	Parent/Guardian 2
First Name		
Surname		
Gender		
Street Address		
Suburb		
Post Code		
Contact Number		
Email address Parent/Guardian 1:		
Email address Parent/Guardian 2:		
Guardian 1 Signature:		
Guardian 2 signature:		

<b>Admin/Fee Lodgement:</b>	<b>\$50.00</b>				
Name on card:					
Visa/Mastercard:					
Expiry:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
Signed					
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**You will be required to complete an ENROLMENT FORM once a place has been offered for your child**