Richmond Crèche & Kindergarten Inc A1780

Waiting List Form

First Parent		Second Parent	
Surname:		Surname:	
First name:		First name:	
Address:		Address:	
Suburb:		Suburb:	
Postcode:		Postcode:	
Telephone: Home:		Telephone: Home:	
Work:		Work:	
Mobile:		Mobile:	
Occupation:		Occupation:	
Language/s:		Language/s:	

Why is child care required? _____
eg working parent, sole parent, student, etc

Child's name: _____ Sex: Female Male
Please Circle

Date of birth: _____ Date of care required: _____

Days flexible: Yes No
Please Circle

Email Address: _____

Days Required: *Please complete table*

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

A $40.00 non-refundable administration fee is payable with this form

For office use only:
Date on List: _____ Fee paid: _____

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