



Blue Mountains Family Day Care Waitlist form

Date of Application _____ **Staff sign** _____

NAME:		
ADDRESS:		
HOME NUMBER:		
MOBILE NUMBER:		
WORK NUMBER:		
OCCUPATION:		
LOCATION of care:		
TRAVEL ROUTE:		
EMAIL ADDRESS:		

Parent One

Parent Two

Type of Care Required: (Please Tick Appropriate Box) <input type="checkbox"/> Regular Care <input type="checkbox"/> On-Call – Irregular Day/s Each Week <input type="checkbox"/> Before School and / or After School Care (Pre-School) <input type="checkbox"/> Vacation Care Name of School Attending _____	Commencement Date:
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Child One: NAME _____ DOB: _____ Male / Female

	MON	TUES	WED	THURS	FRI	SAT	SUN
Start							
Finish							

Child Two: NAME _____ DOB: _____ Male / Female

	MON	TUES	WED	THURS	FRI	SAT	SUN
Start							
Finish							

Information that may assist with placement:(Illness/allergies/court order/developmental)

How did you hear about Blue Mountains family Day Care?

