



15 Sapium Road, Benowa, 4217
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Office Use Only:
 Class required: Commencement Date:
 Centre:
 Entered in Kindy Mngr: Signed:
 Confirmed by email:

CHILD CARE CENTRES OF EXCELLENCE WAITING LIST FORM

Child's Full Name: Male/Female:
 Date of Birth :
 Home Address: Age on Commencement:
P/C:

Guardian No. 1: <small>(connected to CCS)</small> Relationship to child:	Guardian No.2: Relationship to child:
Guardian No. 1 Date of Birth:	Guardian No.2 Date of Birth:
Address:P/C:	Address:P/C:
Telephone (H):	Telephone (H):
(Mobile):	(Mobile):
Email:	Email:
Workplace:	Workplace:
Work Ph:	Work Ph:

CHILD'S CRN:

FAMILY CRN: **Guardian 1 or Guardian 2 linked to child for CCS%**

CHILD CARE SUBSIDY PERCENTAGE% **SUBSIDISED HOURS**

DATE OF HOPEFUL COMMENCEMENT: Will accept earlier / later

PREFERRED DAYS OF ATTENDANCE: (please circle) Monday Tuesday Wednesday Thursday Friday

Number of Days required: Will accept any days Attending another centre, if so, no. of hours:

PREFERRED CENTRE: Benowa ELC Benowa Hills ELC Either Centre

SIBLINGS IN CHILDCARE:

Name: Centre:

Name: Centre:

Signature/s:

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Date of Application:

HOW DID YOU HEAR ABOUT OUR CENTRE?

<input type="checkbox"/> Yellow/White Pages	<input type="checkbox"/> Leaflet Advertising	<input type="checkbox"/> Website
<input type="checkbox"/> Social Media	<input type="checkbox"/> Referred by Friend	<input type="checkbox"/> Other

If other, please indicate: _____
