



Email: director@ststephenscc.com.au

APPLICATION FOR WAIT LIST

Child's Given Name: **Family Name:**

M | F D.O.B. / / Cultural Background:

Address: Post Code

Mother's Given Name: **Mother's Family Name**

Home Phone: Other Contact: Nationality:

Address: Post Code

E-mail Address:

Are you currently: Working Full Time | Working Part time | Seeking Work | Unemployed | Studying
(Please Circle)

Occupation: Place of Work: Work Phone:

Father's Given Name: **Father's Family Name**

Home Phone: Other Contact: Nationality:

Address: Post Code

Are you currently: Working Full Time | Working Part time | Seeking Work | Unemployed | Studying
(Please Circle)

Occupation: Place of Work: Work Phone:

Date from when you require care?

Office Use Only:

Child Care Subsidy Y | N School Commencement Date

Evidence of Priority Y | N Priority Number:

Marital Status: Single | Married | Separated | Divorced | Widowed | De Facto
(Please Circle)

What language/s is spoken in your home?

Are you in receipt of any benefit If Yes, Please give details

Do you currently have Child Care?

What days do you require care? (Please circle) Mon Tue Wed Thu Fri

During what hours do you require care?

Does your child have any special needs or disabilities?

Is there any other information you feel we should know?

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Signature: _____ Date: _____

Please note \$20 non-refundable administration fee is required to process your form.

Please pay either by cash or direct deposit.

Please see the details below for completing a direct deposit, it is essential you put your name in the reference otherwise we are unable to link your payment to your form.

Name:	St Stephens Children's Centre
BSB:	062-115
Account Number:	1003-1499
Reference:	Waitlist (Your Name)
Amount:	\$20