



WAITING LIST APPLICATION FORM

DATE OF ENQUIRY: **PLANNED START DATE:**

1ST PARENT/GUARDIAN FULL NAME:

2ND PARENT/GUARDIAN FULL NAME:

ADDRESS:

.....

TELEPHONE CONTACT No HOME:.....

WORK:.....

MOBILE:.....

***** IMPORTANT *** Your email:**.....

(Please note that [email](#) is required/compulsory for the delivery of **Fee Information & Communication**)

Cheeriokids email: admin@cheeriokids.com.au

OTHER CONTACT NUMBERS:

CHILD'S FULL NAME:.....DATE OF BIRTH:.....

CHILD'S FULL NAME:.....DATE OF BIRTH:.....

CHILD'S FULL NAME:.....DATE OF BIRTH:.....

DATE CARE REQUIRED:

DAYS REQUIRING CARE (PLEASE CIRCLE DAY/S):

MON TUES WED THUR FRI

COMMENTS:

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REASON FOR REQUIRING CARE (PLEASE CIRCLE):

WORK RELATED

STUDY RELATED

OTHER