



Totom House

Multicultural Early Childhood Centre

Wait list

PLEASE PRINT

Child's name: _____ Date of Birth: _____

Enrolling Parent

Name: _____

Address: _____

Contact details Home: _____ Mobile: _____

Email: _____

Date care required: _____ Child's Sex: MALE | FEMALE

Sibling currently attending? YES NO Name: _____

Care required: FULL TIME PART TIME

Part time preferred days:

Monday

Tuesday

Wednesday

Thursday

Friday

Are these days Flexible? YES NO

*Flexibility with days is highly recommended

Conditions:

1. Applicants MUST contact the centre every 2 months to confirm ongoing interest.
2. Priority is given to siblings of children currently attending this centre.
3. Priority is given to families with a previous enrolment with this centre.
4. If a placement is offered by the centre and declined by the applicant, the date of the decline becomes the new date of application on the wait list.
5. The centre cannot guarantee a placement will be offered within a specific time frame and it is recommended you also contact other child care providers.

I understand and accept the above conditions. (Type your name for signature below)

Signed: _____ Date: _____

Office use: Correspondence

Parent:/...../..... P E V/...../..... P E V/...../..... P E V/...../..... P E V comment: _____

Office:/...../..... P E/...../..... P E/...../..... P E/...../..... P E/...../..... P E comment: _____