



Date Application received: ____/____/____

Entered in Qikkids:

PREP Year _____

Sibling in Centre:

WAITLIST APPLICATION

Child's Surname: _____

Gender: Male Female

Given Names: _____

Date of birth/Due Date: ____/____/____

Date you would like to commence? ____/____/____

Number of days required? _____

Preferred days: Monday Tuesday Wednesday Thursday Friday

Are these days flexible? Yes No

What is the main language(s) spoken at home? _____

Is your child of Aboriginal or Torres Strait Islander descent? Yes No

Has your child attended a child care service before? Yes No

Does your child have any special needs / disabilities / developmental delays? Yes No

Details: _____

Please tell us the reason you require care for your child: *(Please tick all applicable)*

| | | | | | |
|-----------------------------------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|
| | Parent 1 | Parent 2 | | Parent 1 | Parent 2 |
| To socialise with other children | <input type="checkbox"/> | <input type="checkbox"/> | Seeking employment | <input type="checkbox"/> | <input type="checkbox"/> |
| Preparation for Primary Education | <input type="checkbox"/> | <input type="checkbox"/> | Volunteering | <input type="checkbox"/> | <input type="checkbox"/> |
| Working full time | <input type="checkbox"/> | <input type="checkbox"/> | Studying | <input type="checkbox"/> | <input type="checkbox"/> |
| Working part-time | <input type="checkbox"/> | <input type="checkbox"/> | | | |

PARENT 1

PARENT 2

Full Name: _____

Full Name: _____

Date of birth: ____/____/____

Date of birth: ____/____/____

Address: _____

Address: _____

Postcode: _____

Postcode: _____

Phone:(h) _____ (m) _____

Phone:(h) _____ (m) _____

Email: _____

Email: _____

Occupation: _____

Occupation: _____

Languages spoken: _____

Languages spoken: _____

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