

Stars Early Learning Waitlist Application

Child Details

Family Name		Given Name	
Preferred First Name		D.O.B or Expected D.O.B	
Name of siblings current in care (if applicable)			

Attendance Preference

Proposed Start Date	
Are you flexible with the start date? (Please circle)	YES/ NO

Days Requested

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Are you flexible with the days requested		<input type="checkbox"/> Yes, I would like to take any ____ (number of days) days available <input type="checkbox"/> No, I require the days as indicated above		

Parent/Guardian Details

	Parent/Guardian 1	Parent/Guardian 2
Full Name		
Address		
Relationship to child		
Phone number/s	(M) (W)	(M) (W)
Email Address		

How did you find out about us?	
Notes	

I have read and understood the information in this application. I understand completion of the waitlist application does not guarantee an enrolment offer at the service.			
Parent/Guardian Name		Date	
Parent/Guardian Signature			