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| **Waiting List Form - 2017** |

***\*NON-REFUNDABLE fee of $25 applies to all waiting list families***

***If the payment is not received within 48 hours of submission of the form, we won’t be able to place***

***your child on the waiting list. Please return this form via email and call us to arrange payment.***

|  |  |  |  |
| --- | --- | --- | --- |
| Date of application:  / / | | Date care is REQUIRED:  / / | |
| How did you find out about us? | | | |
| Deposit paid: | AMOUNT: $ | | Date: / / |

Please note when a position becomes available we will advise you in the first instance via SMS message.

At which time you have 24 hours in which to respond.

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| **Child’s details** Male Female | |
| First Name | Last name |
| Date of BIRTH | |
| Address | |

|  |  |
| --- | --- |
| **MOTHER** | **FATHER** |
| **Mother’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First name Surname | **Father’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First name Surname |
| Mother’s Home Phone: | Father’s Home Phone: |
| Mobile: | Mobile: |
| Mother’s Date of Birth: / / | Father’s Date of Birth: / / |
| Email: | Email: |
| Address: | Address: |
| Postcode: | Postcode: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| AGE | MON | TUE | WED | THU | FRI |
| **2 – 3,5 Juniors** |  |  |  |  |  |
| **3 – 5 Kinder** |  |  |  |  |  |
| **Funded Pre-School** |  |  |  |  |  |

Please indicate your preferred sessions/days - with a tick **\*Please note 2 days are minimum for all groups**

**Do you choose Bonkers Beat as your child’s Funded 4YO program?** Please Tick: YES  NO 

**Are you able to change these days if required?** Please write down your comments