



PINE MOUNTAIN ROAD CHILD CARE SERVICES

289 Pine Mountain Road, Mt Gravatt 4122

Phone: 33494609/ 33491585 Fax: 33496899

Child Care Waiting List Application Form

I desire to have the name of my child, whose particulars are below, placed on the waiting list. I understand that enrolment offers will be administered according to the centre enrolment policy.

The Prescribed non-refundable service fee of \$20.00 per child is attached here to:

Child/ren Name: _____ M/F: ____ DOB: _____

Parent/Carer 1: _____ Occupation: _____

Parent/Carer 2: _____ Occupation: _____

Contact Numbers: _____

Address: _____

(Please remember you are responsible to notify the above Centre of any changes to your address or phone numbers)

Does your child have any additional needs eg. physical, medical, developmental that may need to be catered for specifically, so that appropriate arrangements can be made? Please outline these:-

Date Care is Required: _____

Minimum of two days required: _____

Preference days: 1st Choice: (Please indicate by circling) M Tu W Th F

2nd Choice: (Please indicate by circling) M Tu W Th F

Signed: _____ Date: _____

Office Use Only:

Deposit Paid Y/N