

Early Childhood Centre

Waiting List Application Form

Before you begin:

Please complete this form and email it back to the centre at childcare@curtin.edu.au or post it back to the centre to Building 003 Kent Street, Bentley WA 6102.

Please ensure that all areas are completed and contact information is correct.

Please print using black or dark blue pen in the spaces provided.

This form is available in alternative formats on request.

Priority of placement is given to staff and students of the University. It is the responsibility of parents to contact the centre to update this form should information change. Failure to do so could result in applicants missing a vacancy if they are unable to be contacted.

As this Centre is a University Centre, vacancies usually occur at the beginning of each year, with some other changes at semester times. We strongly recommend that you also place applications with other child care centres to maximise your chances of gaining a place for your child.

Early Childhood Centre

Kent Street, Bentley
Perth GPO Box U1987
Perth Western Australia 6845

CRICOS Provider Code
WA 00301J, NSW 02637B

Telephone: 08 9266 7459
Fax: 08 9266 3742

Web: earlychildhoodcentre.curtin.edu.au

Privacy

The personal information collected on this form will be used by Curtin University of Technology for the sole purpose of providing requested and related services. Full privacy statement available at <http://global.curtin.edu.au/legal/privacy.cfm>

1. Child Details

Family Name	<input type="text"/>		
First Name	<input type="text"/>	Given Name(s)	<input type="text"/>
Date of Birth	<input type="text"/>		
Siblings	<input type="text"/>	Siblings Age	<input type="text"/>

2. Parent / Guardian Details

Family Name	<input type="text"/>		
First Name	<input type="text"/>		
Address (Street)	<input type="text"/>		
Suburb	<input type="text"/>		
Postcode	<input type="text"/>		
Telephone	<input type="text"/>	Facsimile	<input type="text"/>
Mobile	<input type="text"/>		
Email	<input type="text"/>		
Preferred method of contact	<input type="checkbox"/> Telephone	<input type="checkbox"/> Fax	<input type="checkbox"/> Email

3. Parent / Guardian Details

Family Name

First Name

Address (Street)

Suburb

Postcode

Telephone Facsimile

Mobile

Email

Preferred method of contact Telephone Fax Email

4. Applicant Details

Are you a student at Curtin University? Yes No

If Yes, please enter your Student number

Are you a staff member at Curtin University? Yes No

If Yes, please enter your Staff ID

If you are neither a staff nor a student on campus, please specify if you are:

Prospective University Student

Working

Studying

Other

Please specify if 'Other':

Month/Year you would ideally like your child to commence

Which days will you require? (Please tick)

Monday Tuesday Wednesday Thursday Friday

Do you wish to be notified if days other than these are available? Yes No

Date

5. Additional Information

Notes

A large, empty rectangular box with a thin black border, intended for handwritten notes.