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**Office Use Only:**

Class required: ..... Commencement Date: .....  
Centre: .....  
Entered in Kindy Mngr:  Copy for BELC   
Confirmed by Email:  Signed: ..... Date:.....

**CHILD CARE CENTRES OF EXCELLENCE**  
**WAITING LIST FORM**

Child's Full Name: ..... Male/Female: .....  
Date of Birth : .....  
Home Address: ..... Age on Commencement: .....  
.....P/C: .....

Guardian No. 1: .....  
(connected to CCS)  
Relationship to child: .....  
Guardian No. 1 Date of Birth: .....  
Address: .....  
.....P/C: .....  
Telephone (H): .....  
(Mobile): .....  
Email: .....  
Workplace: .....  
Work Ph: .....

Guardian No.2: .....  
Relationship to child: .....  
Guardian No.2 Date of Birth: .....  
Address: .....  
.....P/C: .....  
Telephone (H): .....  
(Mobile): .....  
Email: .....  
Workplace: .....  
Work Ph: .....

CHILD'S CRN: .....

FAMILY CRN: .....

Guardian 1  or Guardian 2  linked to child for CCS%

CHILD CARE SUBSIDY PERCENTAGE .....%

SUBSIDISED HOURS .....

DATE OF HOPEFUL COMMENCEMENT: .....  Will accept earlier / later

PREFERRED DAYS OF ATTENDANCE: (please circle)      Monday      Tuesday      Wednesday      Thursday      Friday

Number of Days required: .....  Will accept any days     Attending another centre, if so, no. of hours: .....

PREFERRED CENTRE:                       Benowa ELC                       Benowa Hills ELC                       Either Centre

**SIBLINGS IN CHILDCARE:**

Name: ..... Centre: .....

Name: ..... Centre: .....

Signature/s: .....

Date of Application: .....

**HOW DID YOU HEAR ABOUT OUR CENTRE?**

Yellow/White Pages                       Leaflet Advertising                       Website  
 Social Media                                       Referred by Friend                       Other  
If other, please indicate: .....