

WAITING LIST APPLICATION FORM 2011

Date you wish to commence care (if a position is available) ____/____/____

Please note: This form remains valid for **6 months**. Heritage will **not** contact you after six months. It is your responsibility to inform the office (preferably every 6-8 weeks by email) if care is still required. Applying to be on the waiting list does not guarantee a place.

Family Details (Please print clearly)

Parent/Carers Details	Parent/Carer 1	Parent/Carer 2
Name		
Home Telephone		
Work Telephone		
Email		

Child Details (Please print clearly)

Surname	First Name	Date of Birth

Sessions Required (please tick) **Can you be flexible?** Yes / No

	Child 1	Child 2
Mon		
Tues		
Wed		
Thurs		
Fri		

Priority of Access Details

Parent/Carer 1

Are you an ANU employee? Yes/No

Are you an ANU student? Yes/No

Parent/Carer 2

Are you an ANU employee? Yes/No

Are you an ANU student? Yes/No

Signature of Applicant _____ **Date** ____/____/____

For Office Use Only:

Date Place offered	Session Times	Commencement Date