



# Greenhills Child Care Centre Incorporated



2 Stewart Street,  
South Windsor NSW 2756

## Waiting List Application

Telephone: (02) 4577 6102  
Fax: (02) 4587 8172

Child's Name: \_\_\_\_\_ M/F: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mothers Name: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Mobile: \_\_\_\_\_ Work No: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Mobile: \_\_\_\_\_ Work No: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_

Family Status:      Single Parent      Married      Divorced      Separated      De Facto  
(Please circle)

Languages Spoken at Home: \_\_\_\_\_

Days of Care Required:    Monday    Tuesday    Wednesday    Thursday    Friday  
(Please circle)

Approximate hours of care per day required: \_\_\_\_\_ Date from when care is required: \_\_\_\_\_  
(Note: Care is not guaranteed for this date)

Does your child have any special needs such as a disability, allergies or intolerances?  
\_\_\_\_\_  
\_\_\_\_\_

Any other information you feel is valuable for us to know:  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_