

# Waiting List Form

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Modbury  
**Community  
Children's Centre**  
LEARNING TOGETHER, EVERY DAY.

Child - Details:	
Child's last name:	
Child's first names:	
Address:	
<input type="checkbox"/> Date of birth or	
<input type="checkbox"/> Expected date of birth	
	...../...../.....
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Languages spoken at home:	
Known disabilities, allergies or illnesses:	
Preferred Attendance:	
Date care is required from:	...../...../.....
(tick preferred day)	
Monday	Tuesday
Wednesday	Thursday
Friday	
Are you flexible with your days? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you flexible with your start date? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent One Details:	
Title:	
Parent's name:	
Home address:	
Home phone:	
Work phone:	
Mobile:	

Email address:	
Nationality:	
Languages spoken:	
Are you any of the following:	<input type="checkbox"/> Working <input type="checkbox"/> Studying <input type="checkbox"/> Have a disability <input type="checkbox"/> Single Parent <input type="checkbox"/> Maternity/Paternity leave <input type="checkbox"/> Not Working <input type="checkbox"/> Of Aboriginal descent <input type="checkbox"/> Seeking Work
Parent Two Details:	
Title:	
Parent's name:	
Home address:	
Home phone:	
Work phone:	
Mobile:	
Email address:	
Nationality:	
Languages spoken:	
Are you any of the following:	<input type="checkbox"/> Working <input type="checkbox"/> Studying <input type="checkbox"/> Have a disability <input type="checkbox"/> Single Parent <input type="checkbox"/> Maternity/Paternity leave <input type="checkbox"/> Not Working <input type="checkbox"/> Of Aboriginal descent <input type="checkbox"/> Seeking Work
Please tick the applicable priority access:	<input type="checkbox"/> Both parents or single parent working or studying <input type="checkbox"/> Children of parents with a disability/disadvantage <input type="checkbox"/> Children at risk of abuse or neglect <input type="checkbox"/> One or both parents at home
Signature:	
Date: .....	...../...../.....
Please note there is a \$25 non-refundable waitlist fee	