



**clever munchkins**  
EARLY LEARNING CENTRE

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## Waiting List Application

Requested start date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Days care is required Monday Tuesday Wednesday Thursday Friday

Approximate daily hours of care \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

### Childs Details

Surname \_\_\_\_\_ Sex Male Female

First Name/s \_\_\_\_\_

Date of Birth (or due date) \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_

Country of Birth \_\_\_\_\_ Home Language \_\_\_\_\_

Address \_\_\_\_\_

Do you or your child have any special needs/requirements? No Yes, please specify

Does your child have any medical conditions? No Yes, please specify

### Parent One

Name \_\_\_\_\_

Address \_\_\_\_\_

Mobile \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Nationality \_\_\_\_\_

Languages Spoken \_\_\_\_\_

Occupation \_\_\_\_\_

- Working Full Time
- Working Part Time
- Looking for Work
- Studying
- Other \_\_\_\_\_

### Parent Two

Name \_\_\_\_\_

Address \_\_\_\_\_

Mobile \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Nationality \_\_\_\_\_

Languages Spoken \_\_\_\_\_

Occupation \_\_\_\_\_

- Working Full Time
- Working Part Time
- Looking for Work
- Studying
- Other \_\_\_\_\_

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