



KINGSTON BEACH EDUCATIONAL CARE

Waiting List

Date of Application: _____ Via phone OR Visited

Child's Surname: _____

Child's Given Names: _____

Sex: Male Female

Start date: _____

Date of Birth: _____ Age (as at today): _____

CRN Number (if known) _____

CARE REQUIRED: Please tick preferred days:

Times	Monday	Tuesday	Wednesday	Thursday	Friday
Full day 7.15am – 6.15pm					

Reason for Care: _____

Are both Parents/Guardians working/studying? Yes No

Have you received our Parent Information Handbook? Yes No

Has your child been in care before? Yes No

Please turn over....

PARENT / GUARDIAN DETAILS

	<i>Parent / Guardian 1</i>	<i>Parent / Guardian 2</i>
Surname		
Given Names		
Date of Birth		
CRN Number (if known)		
Relationship to Child		
Home Address		
Postal Address		
Occupation		
Employer / place of study		
Home phone		
Work phone		
Mobile phone		

Additional Information: _____

Signature of Parent / Guardian: _____ Date: _____

NB: please contact the service if any of your details or requirements change, to ensure your waiting list form is kept up to date and current.