Port Augusta
CITY COUNCIL
CHILDCARE CENTRE

WAITLIST APPLICATION RECORD

Port Augusta Child Care Centre	
127 Stirling Road, Port Augusta, South Australia, 5700	
Phone number: 86425702	Email: Childcare@portaugusta.sa.gov.au

CHILD DETAILS			
Family name		Given name	
Preferred first name		D.O.B or Expected D.O.B.	
Name of siblings current in care (if applicable)			

ATTENDANCE PREFERENCE	
Proposed start date	
Are you flexible with the start date?	Yes ☐ No ☐

DAYS REQUESTED				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
☐	☐	☐	☐	☐
Are you flexible with the days requested	☐ Yes, I would like to take any ____ (number of days) days available ☐ No, I require the days as indicated above			

PARENT/GUARDIAN DETAILS		
	PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
Full name		
Address		
Relationship to child		

Phone number/s	(H) (M) (W)	(H) (M) (W)
Email Address		

HOW DID YOU HEAR ABOUT US?			
Word of mouth		Internet search	
Advertisement		Social media	
Website		Other:	
Additional notes			

I have read and understood the information in this application. I understand completion of the waitlist application does not guarantee an enrolment offer at the service.			
Parent/Guardian name		Date	
Parent/Guardian signature			