

NIGHTCLIFF FAMILY CENTRE
WAIT LIST FORM

New families need to book a tour before submitting wait list form

Date Listed: _____ Staff Name: _____

Tour booked date _____ Desired Commencement Date: _____

Childs Name: _____ Date of Birth: _____

Days required: Monday Tuesday Wednesday Thursday Friday

Are you flexible with days Yes No

Parent Name: _____ Phone (H): _____

Address: _____ (W): _____

_____ Mobile: _____

Email Address: _____

Parent Name: _____ Phone (H): _____

Address: _____ (W): _____

_____ Mobile: _____

Email Address: _____

Are there siblings at the Centre: Y/N

Has the child been in Care before: Y/N

Your reason for requiring care:

Work Child at Risk Study Disability Educational development

Thank you for your interest in placing your child's name on the Nightcliff Family Centre's waitlist. Should a position become available, you will be contacted by staff. Could you please give us a call every 8-10 weeks to confirm that you are still interested in a place at the centre.

Follow-up calls (office use)
