

Rozelle Out of School Hours Care Waiting List Form

CHILD/REN'S SURNAME:.....**COMMENCEMENT YEAR**.....

	FIRST NAME/S:	M/F	DATE OF BIRTH	AGE	CLASS/YEAR
1.
2.
3.

HOME ADDRESS:.....
PC

INFORMATION ON MOTHER/PARTNER (delete where applicable)

Full Name:..... Mobile:.....

Home phone:.....

Email address:.....

Full Name:..... Mobile :.....

Home phone:.....

Email address:.....

DAYS ATTENDING CENTRE (please circle)

BEFORE SCHOOL CARE	Mon	Tues	Wed	Thurs	Fri
AFTER SCHOOL CARE	Mon	Tues	Wed	Thurs	Fri

In the event that a new provider takes over the service in 2018 I, _____
 give permission for Rozelle OOSH Pty Ltd to share my details and current wait list information with
 the new provider.

Signature: _____ Date: _____

Form received: _____