kanooka
Child Care Centre

WAITING LIST

Date: _____

Child's Name: _____ DOB._____

_____ DOB_____

Days Required: Mon Tue Wed Thurs Fri

Commencement Date: _____

Parent 1: _____ Relationship to child/ren_____

Mobile: _____

Parent 2: _____ Relationship to child/ren_____

Phone: (w) _____ (h) _____

Mobile_____

Address:_____

Email: _____

Employed By: (please circle)

Monash Health Please write site name:_____

Hudson Institute Monash University Other

Does your child have any special needs - please give details _____

_____

Does your child suffer: Anaphylaxis Allergy Asthma Diabetes (Please circle)

Is your child fully immunised? _____

Has your child attended childcare before? _____

Why do you need care for your child_____

29- 31 Kanooka Grove, Clayton VIC 3168 Phone: (03) 9544 9010
Email: kanookac@bigpond.net.au