

Marconi Early Learning Centre

Marconi Plaza, BOSSLEY PARK NSW 2176

Ph: 02 9822 3322 Fax: 02 98223393

Application for waiting list:

Parent one

Parent two/other

First name:

Last name:

Home address:

.....

Home phone:

Work phone:

Child's information:

Given names: Last names:

Date of birth: Place of birth: Sex: M/F

Date contacted (today) Date to start:

Ethnicity: Language spoken: Religion:

Days/times req'd:

Mon

Tue

Wed

Thu

Fri

Sat

Sun

Arrival time:

Dep time:

Priority of access: (please circle priority)

The centre must comply with enrolment priority and access guidelines set by FAO

1. Age
2. Priority of Access
3. Date of application
4. Current siblings attending
5. Days desired

Special needs: Our centre is committed to providing quality child care for all children including those with special needs or medical condition? If yes, please give details:

.....
Sign: Date:

(office use only)	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Days given:							
Total:							
Priority given:	Room:						
.....							