

GSM-Wait List Application

Other name(s) your child is known by

Child's Full Name

Date of Birth

Country of birth

Home address

Email Address

Booking Preferences

Standard Operational Hours

Approximate Arrival Time

Approximate Departure Time

times underneath.

Days

Parent/Guardian Full Name

Parent/Guardian Contact Numbers

Please check the box for each day you would like your child to

Living Faith Early Learning Centre

| e | | | | V7.21 |
|-------------------------|--------------------------|--|------------------------|-------------------------|
| | Year for enrolm | ent | Gender M | F |
| | | | | |
| | | | | |
| .00 | | | | |
| your child to at | tend on a routine | basis and write | approximate arriv | al and departure |
| Monday 6.30am-6.00pm | Tuesday 6.30am-6.00pm | Wednesday 6.30am-6.00pm | Thursday 6.30am-6.00pm | Friday 6.30am-6.00pm |
| | | | | |
| | | ,4, | | |
| l, in accordance v | vith our policies ar | e will be added to c ad guidelines. Prior Iment in kindergar | rity age group for l | |

Please note that the completion of this form does NOT secure a place according to date received and the age of your child, in accordance be children who are 3.5 to 4.5 years of age as at 31st December of th be Prep eligible the year after kindergarten.

The Waiting List Application Fee (as per the Service's Fee Schedule) must be paid upon submission of this application.

| Parent/Guardian signature | Date | |
|----------------------------|-----------------------|--|
| *Office use only | | |
| Date application received: | Waiting list fee paid | |