



APPLICATION FOR ENROLMENT - WAITING LIST

Child's Name						Male / Female	
Date of Birth				*Child's CRN			
Address							
Parent's Name				Occupation			
Parent's Address							
Home Tel		Work Tel			Mobile		
Email							
Parent's Name				Occupation			
Parent's Address							
Home Tel		Work Tel			Mobile		
Email							
**Parent's Name who claims CCB							
Date of Birth				CRN			
<u>Requested Starting Date</u>							
CIRCLE DAYS REQUIRED	Mon	Tues	Wed	Thurs	Fri	Approx Start	am
						Approx Finish	pm
Comments							

*CRN is Customer Reference Number given by Family Assistance Office when claiming **CCB Child Care Benefit

**The name and date of birth of the parent claiming CCB has to be provided so Mirambeena can calculate the correct fees.

Please circle which applies to your family

1. Children at risk
2. Children with disabilities
3. Both parents or single parent is working/training
4. Parent/s at home

A minimum of 2 days per week is recommended.

Are there any additional requirements your child will need to be met to enable us to accommodate them in the programs offered eg. Dietary, religious, additional needs etc.

Signed	Name	Date
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