



Annandale North Out Of School Hours Care Association

Waitlist Application

Child's Details

Given name: Family name:

Date of birth: Child's CRN:

Current Age: Male Female

Date Commencing School:.....

Sessions required: **BEFORE SCHOOL:** Mon Tue Wed Thur Fri

AFTER SCHOOL: Mon Tue Wed Thur Fri

Do you have other children not yet attending ANPS? If yes, please supply child/ren's name and year they will commence Kindergarten:

Parent / Guardian Information

• **Carer 1:** Relationship to Child:.....

Given Name: Family Name:.....

Address:

Home Phone: Mobile:

Email:..... Work Phone:.....

Occupation:..... Employer:.....

Date of Birth: Country of Birth: CRN:.....

Are you currently (please circle):

Working Looking for work Studying/training Disabled/disabled carer Other

• **Carer 2:** Relationship to Child:

Given Name: Family Name:.....

Address:

Home Phone: Mobile:

Email:..... Work Phone:.....

Occupation:..... Employer:.....

Date of Birth: Country of Birth: CRN:.....

Are you currently (please circle):

Working Looking for work Studying/training Disabled/disabled carer Other

I understand that the completion of this form DOES NOT guarantee a place for my child and acknowledge that ANOOSHCA will only accept waitlist requests for a child up to 12 months prior to their commencement at Annandale North Public School. I also agree to advise ANOOSHCA if my care requirements change or I no longer require care at the centre.

Signed: Dated: