

Little Mangoes

WAITING LIST APPLICATION

DATE OF CALL /...../.....

Children's Details

DATE OF BIRTH /...../..... Male/Female

SURNAME:..... FIRST NAME:.....

DATE OF BIRTH /...../..... Male/Female

SURNAME:..... FIRST NAME:.....

DATE OF BIRTH /...../..... Male/Female

SURNAME:..... FIRST NAME:.....

Parent/Guardian Details

PARENT/GUARDIAN 1

SURNAME: FIRST NAME:.....

ADDRESS:

TOWN: POSTCODE.....

PH. (H)..... (W)..... MOBILE.....

E-MAIL ADDRESS.....

CURRENTLY WORKING YES/NO

PARENT/GUARDIAN 2

SURNAME: FIRST NAME:.....

ADDRESS:.....

TOWN:..... POSTCODE.....

PH. (H)..... (W)..... MOBILE:.....

E-MAIL ADDRESS.....

CURRENTLY WORKING

YES/NO

Reason for needing Care

Work

Respite

Study

Days and Times required

Please indicate the care required by placing an X in the relevant box(es). If your requirements are more flexible, please describe, eg "any 3 days', except Fridays'.

	Monday	Tuesday	Wednesday	Thursday	Friday

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Please give an idea of hours required daily. E.g 8.00- 4.15

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Do you wish to be notified if sessions other than these are available? YES/ NO

Do you currently have childcare? YES/NO

Does your child have any special needs or disabilities? YES/NO

If yes please indicate

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A pre-school pick up/drop off service is available to selected pre-schools would you make use of this?

YES/NO

(Currently Katherine South and Clyde Fenton Pre Schools) which pre-school would you like to see this service to?.....

Approximately when would you like to begin care (month/year)?.....

Is there any other information you feel we should know?

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SIGNED DATE