



## Waitlist Application for John Paul College Early Learning Centre

**Waitlist Application Date** \_\_\_\_\_

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### Child Information

Surname	Given Name
Preferred Name	Middle Name(s)
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality(s)	Country of Birth
Religion	
Current JPC Family <input type="checkbox"/>	New Family <input type="checkbox"/>

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### Waitlist Information

Proposed Care Required (Please tick)

Age Group		Specific Days Required	Preferred Starting Date:
6 Weeks to 15 Months	<input checked="" type="checkbox"/>	Monday	201
15 Months to 2½ Years	<input type="checkbox"/>	Tuesday	
2 Years to 3 Years	<input type="checkbox"/>	Wednesday	
3 Years to 4 Years	<input type="checkbox"/>	Thursday	
3 ½ Years to 5 Years	<input type="checkbox"/>	Friday	

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### Family Information

**Father / Stepfather / Legal Guardian** (please circle)    **Mother / Stepmother / Legal Guardian** (please circle)

Title	Given Name	Title	Given Name
Surname		Surname	
Home Telephone		Home Telephone	
Business Telephone		Business Telephone	
Mobile		Mobile	
Email		Email	
Postal Address		Postal Address	

I declare that the information given above is complete and accurate. Please enclose a non-refundable Waitlist Application Fee of \$50.00. This fee is to cover Administration costs and is non-refundable.

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### Office Use only

Date Received	Entered By
Payment Details	Cash / Cheque / EFTPOS