



Waitlist Application for John Paul College Early Learning Centre

Waitlist Application Date _____

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"/>

Waitlist Information

Proposed Care Required (Please tick)

Age Group	<input checked="" type="checkbox"/>	Specific Days Required	Preferred Starting Date: 20
6 Weeks to 15 Months <input type="checkbox"/>		Monday <input type="checkbox"/>	
15 Months to 2 Years <input type="checkbox"/>		Tuesday <input type="checkbox"/>	
2 Years to 3 Years <input type="checkbox"/>		Wednesday <input type="checkbox"/>	
2 ½ Years to 3 ½ Years <input type="checkbox"/>		Thursday <input type="checkbox"/>	
3 Years to 4 Years <input type="checkbox"/>		Friday <input type="checkbox"/>	

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.

Signature: _____

Office Use only

Date Received	Entered By