

**OFFICE USE:**

Date received: _____

Received by: _____

Days placed: _____

Start date: _____

Waiting List Application

Samantha's Glen Iris –
190 Burke Road, Glen Iris 3146
Email – info@samanthaschildcare.com.au

DATE:	
CHILD'S FULL NAME:	
CHILD'S DATE OF BIRTH (OR DUE DATE):	
PREFERRED START DATE:	
ADDRESS:	
MOTHER'S NAME:	
CONTACT NUMBER:	
EMAIL ADDRESS:	
FATHER'S NAME:	
CONTACT NUMBER:	
EMAIL ADDRESS:	

DAYS REQUIREDWHICH DAYS DO YOU REQUIRE: MON ☐ TUE ☐ WED ☐ THURS ☐ FRI ☐

ARE YOU FLEXIBLE WITH DAYS REQUIRED: YES/NO

DETAILS OF FLEXIBILITY: