



OFFICE USE:

Date received: _____

Received by: _____

Days placed: _____

Start date: _____

Waiting List Application

Samantha's Glen Iris –
190 Burke Road, Glen Iris 3146
Email – gleniris@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 REQUIRED

WHICH DAYS DO YOU REQUIRE: MON TUE WED THURS FRI

ARE YOU FLEXIBLE WITH DAYS REQUIRED: YES/NO

DETAILS OF FLEXIBILITY: