



Request for Enrolment – Waitlist Form

Application date		Preferred date that you would like your child's enrolment to commence	
Service Name (please tick)	Bankstown		Blacktown
	Hawkesbury		Parramatta
		Campbelltown	
		Penrith	
Tell us how you heard about WSU Early Learning			

Child's Details

Family Name		Childs Name	
Child's Gender		Childs DOB	
Place of Birth		Country of Birth	
Street Address			
Suburb/Town		State/Postcode	
CRN (from Centrelink)			
Does your child also attend any other Pre-School, Long Day Care or Family Day Care?			
To assist us in assessing your application and to ensure that we meet your child's needs can you please let us know of any medical, cultural or specific requirements your child needs			
Please provide the Centrelink customer reference number (CRN) for the person responsible for paying your child's fees.			

Parent/ Guardian Details

	Parent/ Guardian 1	Parent/ Guardian 2
Family Name		
First Name		
Date of Birth		
Relationship to child		
Street Address		
Suburb		
State/Postcode		
Language spoken		
Home Phone #		
Mobile Phone #		
Email Address		

