



DOMINICAN SISTERS DAYCARE CENTRE WAITING LIST

Date of application ___/___/___

Preferred start date: ___/____ (M/Y)

ABOUT YOUR CHILD

Child's First Name _____ Surname _____

Gender M/F

Date of birth : _____ (D/M/Y)

My child has special requirements:

Please state any significant conditions (health, social, emotional, allergies) that we should know about your child

My child is currently receiving some form of child care: YES NO

Parent/Guardian 1

Name _____

Home _____

Street _____

Tel _____

e- _____

mail _____

Parent/Guardian 2

Name _____

Home _____

Street _____

Tel _____

e- _____

mail _____

How did you hear about us?

.....

Your signature