



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 | Parent/Guardian 2 |
|-------------------|-------------------|
| Name _____ | Name _____ |
| Home _____ | Home _____ |
| Street _____ | Street _____ |
| Tel _____ | Tel _____ |
| E-mail _____ | E-mail _____ |

How did you hear about us?

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Your signature