



MT. PRITCHARD EARLY LEARNING CENTRE

140 Meadows Rd - MT PRITCHARD NSW 2170

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A.B.N.: 42 109 292 444

WAITING LIST APPLICATION FORM

CHILD DETAILS

Male Female

Surname: _____
Given Names: _____ Preferred Name: _____
Date of Birth: _____ / _____ / _____ 1st Language: _____
Address: _____
Phone Number: _____

PARENT/GUARDIAN 1

Surname: _____
Given Names: _____
Relationship: _____ Home Language: _____
Address: _____
Phone Number: Home _____ Work _____ Mobile _____
Occupation: _____
Employer: _____

PARENT/GUARDIAN 2

Surname: _____
Given Names: _____
Relationship: _____ Home Language: _____
Address: _____
Phone Number: Home _____ Work _____ Mobile _____
Occupation: _____
Employer: _____

ATTENDANCE DETAILS

	Mon	Tue	Wed	Thu	Fri
Start Time	____:____	____:____	____:____	____:____	____:____
End Time	____:____	____:____	____:____	____:____	____:____
Commencing Date:	_____ / _____ / _____				

Parent Signature: _____ Date: _____ / _____ / _____