



## 2021 WAITING LIST REGISTRATION FORM

*There is a \$25 waiting list charge per child (non-refundable)*

Child's Name 1: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ CRN: \_\_\_\_\_

ATSI Descent: Aboriginal  Torres Strait Islander

School they will be attending in 2021: \_\_\_\_\_ Class Year in 2021 \_\_\_\_\_  
*(LCOOS only accepts enrolments for students attending Lane Cove Public School)*

Does your child have any additional needs? \_\_\_\_\_

Child's Name 2: \_\_\_\_\_ Gender: Male  Female

Date of Birth: \_\_\_\_\_ CRN: \_\_\_\_\_

ATSI Descent: Aboriginal  Torres Strait Islander

School they will be attending in 2021: \_\_\_\_\_ Class Year in 2021 \_\_\_\_\_  
*(LCOOS only accepts enrolments for students attending Lane Cove Public School)*

Does your child have any additional needs? \_\_\_\_\_

### DAYS REQUESTED

Before School Care: Specific Days of the week (please circle)				
Monday	Tuesday	Wednesday	Thursday	Friday
After School Care: Specific Days of the week (please circle)				
Monday	Tuesday	Wednesday	Thursday	Friday

#### OFFICE USE ONLY:

Application received: \_\_\_\_\_ Receipt: \_\_\_\_\_

Email confirmation: \_\_\_\_\_ Days Offered: \_\_\_\_\_

Notes: \_\_\_\_\_

**PARENT/ GUARDIAN 1: (must be CCB claimant)****PARENT/ GUARDIAN 2:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

CRN: \_\_\_\_\_ DOB: \_\_\_\_\_

CRN: \_\_\_\_\_ DOB: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Days/ Hours Worked: \_\_\_\_\_

Days/ Hours Worked: \_\_\_\_\_

FULL TIME / PART TIME / STUDY/ NOT WORKING

FULL TIME / PART TIME / STUDY/ NOT WORKING

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Our centre follows the priority of access guidelines. Please specify which of the following relates to your current family situation

Single or both parent working	
Child at risk or abuse	
Sibling already attending the centre (name of sibling)	

I understand that completing this form places my child on the waiting list at LCOOS and does not guarantee me a place at the centre.

I understand that should a place become available at the service that I will be contacted to discuss a possible start date. Places of offer for 2021 will be advised late November 2020. **Hardcopies will not be accepted at the centre. This form must be emailed to [info@lcoos.com.au](mailto:info@lcoos.com.au) by 12 October for first round offers**

**Please return this form via *email* to [info@lcoos.com.au](mailto:info@lcoos.com.au) along with a copy of the remittance**

- Deposit \$25 into our bank details below:
- Account: LCOOS BSB: 082 254 ACC: 509 306 512 Bank: NAB
- Reference: 'Child Name 2021'
- Deposit **MUST** be paid on the day the application form is submitted - No application form will be accepted without a copy of the remittance attached
- An email will be sent once deposit has been received – please contact the centre if you do not receive confirmation

<b>Signature:</b>	
<b>Print Name:</b>	
<b>Date application lodged:</b>	