Torrens Valley Children's Centre WAITLIST FORM

Please register your interest for Childcare by completing the following form. Please note, this form is a request only and is not a guarantee of a booking being secured.

Child's Details					
Family n	ame: [
Given names:					
Date of birth (or expected): / /					
Proposed booking details:					
	Mon	Tue	Wed	Thurs	Fri
Arrive					
Depart					
Proposed start date: / / Please indicate reason for bookings (e.g. work commitments). We require this information in accordance with our priority of access policy.					

Lorrens Valley
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Andren's Centre

Parent'	s/ Guardian's Details
Names:	
Relatior	nship to Child:
Ph. 1 [
Ph. 2 [
Address	; .
	notify the Centre if you no longer require care need to change your required days.
Notes:	(office use only)