***Selby Childcare:* Waitlist Form**

Child’s Full Name/s:……………………………………………………………………………………………

DOB/s:……………………………………………………………………………………………………………

Gender: Female Male

Days wanted (tick): Monday Tuesday Wednesday Thursday Friday

Are you flexible on what days you would like? Yes No

How many days would you like? 1 2 3 4

Approx. Date you want to start?......................................................................

If there are 2 children, would you take 1 spot for one child or prefer 2 spots at the same time?..................................................................................................

***Parents Details***

Parents Full Name:………………………………………………………………………………….

Address:…………………………………………………………………………………………………………….

Email:…………………………………………………………………………………………………………………

Phone #:…………………………………………………………………………

You will be notified when a spot becomes available

You will be contacted in 12 months to see if you wish to stay on the waitlist, if we get no response then you are taken off.

*Office Use*

Date received form: