



MONASH CAULFIELD  
CHILDCARE CENTRE

22-24 Derby Road, Caulfield East 3145  
Ph. 9903 2366 Fax: 99031822

Waiting List Application

Child's Name: \_\_\_\_\_

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

("un-born" children should be re-registered on this waitlist after birth)

Male/ Female: \_\_\_\_\_

**Required Commencement Date:** \_\_\_\_\_

**Status of Application (Please tick appropriate category):**

Monash Student – Undergrad/ Postgrad – Faculty: \_\_\_\_\_

Monash Staff – Faculty: \_\_\_\_\_

Community: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

Home Address

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_ (Other) \_\_\_\_\_

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

Parent/ Guardian Name: \_\_\_\_\_

Home Address

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_ (Other) \_\_\_\_\_

**Child Care Requirements**

Monday	Tuesday	Wednesday	Thursday	Friday

If we cannot assist you with your request and other days/ times are available; should we still contact you? \_\_\_\_\_

Comments: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Note Please: update contact details and care needs regularly.**

**For Office Use Only**

**Offer1:**

**Offer2:**

**Comments:**