

Randwick OOSH 2020 Waitlist Form

We wish to make it very clear that it is the family's responsibility to make sure that ROOSH has received your waitlist form.

Child's Name: _____

Date of Birth: _____ Year group in 2020: _____

Address: _____

Phone: _____ Do you have children already attending OOSH: Yes/No



Parents/Guardian details

| | |
|--------------------------|--------------------------|
| Parent/Guardian #1 Name: | Parent/Guardian #2 Name: |
| Address: | Address: |
| Mobile phone: | Mobile phone: |
| Occupation: | Occupation: |
| Work phone: | Work phone: |
| Email address: | Email address: |

Care Required

Please tick what days you will be requiring care:

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|----|--------|---------|-----------|----------|--------|
| AM | | | | | |
| PM | | | | | |

Priority of Access (please circle family type)

Two parents - working, seeking employment, studying

One parent - working, seeking employment, studying

One / two parents - non working

Receipt of this form will help determine a position on the waitlist as governed by the priority of access

Signed: _____ Dated: _____

Office use only:

| | | |
|---------------------|--------------|-------------|
| Date received: | Received By: | Entered By: |
| Other Instructions: | | |