

Randwick OOSH 2024 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 2024: _____

Address: _____

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

Parents/Guardian Details:

Parent/Guardian #1 will receive all communication via email in relation to places.

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: _____