



Wait-List Application

Postal Address: 19 Snodgrass Cres, Kambah, 2902. Phone: (02) 6296 2214 E-mail: Director@urambielc.com.au

Child's Details:

Child's Surname: _____ Child's First Name: _____

Nickname/Other Family names: _____ Gender: Male / Female

Date of Birth: _____ Date of Start: _____ Is this flexible? Y / N

Attendance request: *Please note: Urambi has set booking days:* Days of Attendance: (please circle)

Two day options: Monday/ Tuesday **Or** Thursday/ Friday

Three day options: Monday/Tuesday/Wednesday **Or** Wednesday/Thursday/Friday

Four day options: Monday/ Tuesday /Thursday/ Friday

Or Full Time: Monday/Tuesday/Wednesday/Thursday/Friday

Primary Parent/Guardian Details

Surname: _____ First Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

E-mail Address: _____ Occupation: _____

Second Parent/Guardian Details

Surname: _____ First Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

E-mail Address: _____ Occupation: _____

Comments/Illnesses/Allergies/Injuries/NDIS or Additional Needs/Special rights:

How did you hear about us?: _____

Parent/Guardian Signature: _____ **Date:** _____

Please note: Application onto the waitlist does not guarantee future enrolment.

Office use only: Attended tour on: _____ Reason for not attending: _____

Date enrolment fee received: _____ Office Signature: _____

Details entered into electronic list: _____ SIBLING: _____

Updates: _____

Offered place on: _____

Accepted place : _____

Enrolment fee due: _____

Commences on: _____ Room: _____

Move to Child's Enrolment folder once enrolment fee paid. Ensure Details are moved into electronic waitlist form, to show enrolled.