

WAIT LIST APPLICATION

Little Paddington Child Care Centre and Kindergarten
412 Waverley Rd, East Malvern, 3145
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ROOM: NURSERY TODDLER KINDER PRE PREP

SURNAME_____

FIRST NAME_____

CHILD'S NAME_____

CHILD'S D.O.B_____

PREFERRED DAYS (Please Circle)

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

PREFERRED START DATE: Month_____ Year_____

Address_____

Telephone _____(h)_____(m)_____(w)

Date_____

ADDITIONAL NOTES: