



---

---

## Wait List for Lane Cove Occasional Care Centre

### Application for Regular Care and Regular Occasional Care

---

---

Child's Given Name/s: \_\_\_\_\_ Family Name: \_\_\_\_\_

Male / Female      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Language spoken in the home: \_\_\_\_\_

---

---

Parent 1 Given Name/s: \_\_\_\_\_ Family Name: \_\_\_\_\_

Nationality: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Working     Looking for work     Studying     Stay at home Parent

---

---

Parent 2 Given Name/s: \_\_\_\_\_ Family Name: \_\_\_\_\_

Nationality: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Working     Looking for work     Studying     Stay at home Parent

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Preference of day/s for care required: (Number preferences):

Mon     Tue     Wed     Thur     Fri

Date from which regular care is required: \_\_\_\_/\_\_\_\_/\_\_\_\_

Does your child have any special needs or disabilities?

---

**Sibling Information**

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Previous LCOCC care: Yes / No

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Previous LCOCC care: Yes / No

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Previous LCOCC care: Yes / No

Is there any other information you feel we should know?

---

---

---

---

Print Parent 1 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Print Parent 2 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

***Please note that submission of this application does not guarantee a regular booking at Lane Cove Occasional Childcare Centre.***