Horizons Childhood Learning Centres

APPLICATION FOR THE WAITLIST

CHILD'S INFORMATION

Child 1:

Surname: _____ First Names: _____

D.O.B: _____

Sex: Male Female

Child 2:

Surname: _____ First Names: _____

D.O.B: _____

Sex: Male Female

Child 3:

Surname: _____ First Names: _____

D.O.B: _____

Sex: Male Female

PARENT / GUARDIAN INFORMATION

Parent/Guardian (1)

Surname: _____ First Name: _____

Relationship to child: _____

Mobile: _____ Occupation: _____

Email Address: _____

Parent/Guardian (2)

Surname: _____ First Name: _____

Relationship to child: _____

Mobile: _____ Occupation: _____

Email Address: _____

Date care to commence if placement available: _____

Days/Times	Monday	Tuesday	Wednesday	Thursday	Friday
AM Session					
Pm Session					
Full Day					