



Waiting List Form

Child's Name: _____ Date of Birth: _____

Parents Name: _____

Address: _____

Home: _____ Work: _____

Mobile: _____

Email: _____

Date Care Required: _____

PLEASE NOTE THERE IS A TWO DAY MINIMUM

Days Required: Monday Tuesday Wednesday Thursday Friday

Any Additional information: _____

Date upon receiving Fee: _____

Receipt No: _____

Received by: _____

If you are interested in placing you Child/ren at Brunswick Creche & Day Nursery and would like to view the centre, please call to make an appointment.

Complete the Wait List Form and return it to the centre along with a non-refundable fee of \$25.00

Thank you