



Little Kids Academy

WAITING LIST APPLICATION FORM

Date Of Application: _____

Preferred Date for care to start: _____

Required Days of attendance: (please circle)

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

Child's Details

Surname: _____ First Name: _____

Date of Birth: _____ Gender: M / F

Home Address: _____

Parent / Guardian Details

Mother / Guardian

Father / Guardian

Name: _____

Name: _____

Address: _____

Address: _____

Home Number: _____

Home Number: _____

Work Number: _____

Work Number: _____

Mobile: _____

Mobile: _____

Office Use Only:

Parent Contacted: YES / NO

Start Date: _____

Enrolment Form Given YES / NO

Handbook issued: YES / NO

Enrolment Fee Paid: YES / NO \$ _____

Room: Caterpillars / Butterflies / Prep