



Waiting List Application

Child's Details

Childs Name _____

Date of Birth _____

Gender Male Female

Any special needs Yes No

Details _____

Sibling Yes No Defence Force Yes No

Holsworthy PS Yes No

Days Required AM Monday Tuesday Wednesday Thursday Friday

Days Required PM Monday Tuesday Wednesday Thursday Friday

Are you flexible? Yes No

Date Required _____

Parent / Guardian's Details

Parent 1 Name _____

Parent 1 Surname _____

Home Address _____

Contact Details Home _____

Mob _____

Work _____

Email _____

Parent 2 Name _____

Parent 2 Surname _____

Home Address _____

Contact Details Home _____ Mob _____

Work _____

Email _____

Application Date _____

Please return this form to The Director, Holsworthy OOSH and Vacation Care