

EARLY YEARS AT MC SQUARE WAITING LIST APPLICATION

This is NOT a guarantee of enrolment.

Operating hours are 8am-6pm Monday to Friday

Further information is available at:

https://www.manningham.vic.gov.au/early-years-at-mc-square

*Please complete a separate Waiting list application for each child who requires care.

Child's details

Family Name:	First Name:
Date of birth//	Or Expected Birth:/
Parent/Guardian details	
Parent/Guardian-1 Name:	Relationship to child
Phone number: (Mobile)	Work
Email address:	
Parent/Guardian-2 Name:	Relationship to child
Phone number: (Mobile)	
Email address:	
Days of care required (please tick	k)
□ Monday □ Tuesday	□ Wednesday □ Thursday □ Friday
Preferred commencement date: _	
Are you flexible with these days?	? Yes No
Are your child's vaccinations up t	to date? Yes No



e manningham@manningham.vic.gov.au
ABN 61 498 471 081 www.manningham.vic.gov.au



How did you learn about our centre?		
Friend		
Website		
MCH		
Other (please specify)		
I acknowledge that all information supplied on this form is correct at the time of signing.		
Name	Signature	
Date	-	
Privacy Collection Statement		
and to enable payment processing. The collection of this information is required under Education & Care Services National Regulations 2011. The information provided may be disclosed to state and federal education authorities for administrative, educational, reporting and support purposes. We will not disclose your information for any other purpose, unless authorised or required by or under any law. If you choose not to provide all or part of the personal information requested, we may not be able to provide the full range of care and education services. A person can make a written request to access their personal information held by Council. A copy of our Information Privacy and Health Records Policies is available on our website at www.manningham.vic.gov.au/privacy. Alternatively you can contact Council at (03) 9840 9333 or by email at: manningham@manningham.vic.gov.au to request a copy. Office use only		
Office use offiny		
Application received by:	Date:	
Call Made:	(date/time)	
Date Care offered:	_	
Orientation Date:	Time:	
Staff Name:	Staff Signature:	
Date:		