

MITCHELTON PRE-SCHOOLING CENTRE INC.

29 Kedron Avenue, Mitchelton Qld 4053.

Telephone: 3355 2535 Fax: 3355 2505 Email: admin@mpc.net.au

WAITING LIST APPLICATION

CHILD'S SURNAME: _____ FIRST NAMES: _____

Date of Birth: _____ Sex: _____ Attendance Year: **20** _____

(Children must be **4 by 30th June** in the year of attendance)

Address: _____

_____ Post Code: _____

As funding for children with additional needs has to be applied for in the year prior to your child commencing, please give full details of any additional needs your child may have:

Father's Name _____ (Mobile): _____

Telephone Numbers: (Home): _____ (Work): _____

Mother's Name: _____ (Mobile): _____

Telephone Number: (Home): _____ (Work): _____

Email: _____

Positions will be offered strictly according to waiting list order.

Please tick the following:-

- () We intend using Outside Hours Care. This currently operates either side of the children's day program from **7.30am to 5.00pm.**

Children's names are only registered on the Waiting List upon receipt of a completed Waiting List Application form and payment of the **\$10.00 booking fee (non - refundable)**. Payment can be made by either:- cash, cheque or credit card.

For our Information:

Please indicate how you heard about our Centre, e.g. friend, internet, newspaper, etc. _____

View our website for more information about our Centre!

www.mpc.net.au

OFFICE USE ONLY

Receipt No	Date	Signed	Director's Signature:

Payment by Credit Card: Please complete your credit card details below:-
(A receipt will be returned to you after processing)

Credit Card No: _____

Expiry Date: _____ Amount to be Paid: _____

Name on Credit Card: _____

Signature of Cardholder: _____