

**WAITING LIST APPLICATION FORM**  
**SILKY OAKS CHILD CARE CENTRE**

Office use only	
Year	Group

**CHILD'S DETAILS:**

First Name(s) \_\_\_\_\_ Surname \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Home Address \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_

**PARENTS' DETAILS**

**Mother's** Full Name \_\_\_\_\_  
 Home Address (if different from child) \_\_\_\_\_  
 Telephone No: \_\_\_\_\_ Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Name & Address of Employment/Study \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_  
 Current Hours of Employment/Study per week \_\_\_\_\_

**Father's** Full Name \_\_\_\_\_  
 Home Address (if different from child) \_\_\_\_\_  
 Telephone No: \_\_\_\_\_ Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Name & Address of Employment/Study \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_  
 Current Hours of Employment/Study per week \_\_\_\_\_

**CARE REQUIRED**

When Do You Require Care To Commence \_\_\_\_\_  
 Are you prepared to take one day at a time as vacancies arise?  Yes  No  
 Usual Arrival Time \_\_\_\_\_ am Usual Departure Time \_\_\_\_\_ pm  
 Number of days required per week:  1  2  3  4  5  
 Preferred days:  Monday  Tuesday  Wednesday  Thursday  Friday  
 Please provide any other relevant details about your care requirements, e.g.: flexibility \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PRIORITY OF ACCESS**

Please tick relevant Priority of Access as per guidelines issued by the Dept of Communities.

- First priority  Child at risk of serious abuse or neglect
- Second priority  Child of a single parent or of parents who are both at work/studying/training
- Third priority  Any other child

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_