



Yeladim Early Learning Centre

Date: ____/____/____

Waiting List Application Form:

Applying For (tick):
 Yeladim Family Day Care (15 months to 3 years)
 Yeladim Early Learning Centre (2 to 3 years)
 Yeladim Early Learning Centre (3 to 5 years)

Preferred Start Date: _____

Parent/Guardian Names: _____

Phone Number/s: _____

Email Address: _____

Child's Name: _____ D.O.B: ____/____/____

Age at Start: _____

Days Requested: Monday Tuesday Wednesday Thursday Friday

How did You Hear About Us? Google Facebook Industry Magazine
 Newspaper Word of Mouth

Comments: _____

We require a non refundable \$50 application fee. Please pay via direct deposit to our bank account details below and send the receipt by email along with this form.

Account Name: Magic Stars **BSB:** 012241 **Acc:** 292088269 **Reference:** Surname

Office Use Only:	
Deposit \$500	
Enrolment Fee \$50	
Enrolment Form	
Credit Card Form	
Birth Certificate	
ACIR - Updated Online Immunisation Records	
Notes:	