

# **Margaret Cribb Child Care Centre**

A.B.N. 64 952 613 292

70 Coleridge Street  
St Lucia Qld 4067

Phone:(07) 3365 1509

Fax:(07) 3365 1501

Email: [margaret.cribb@uq.net.au](mailto:margaret.cribb@uq.net.au)

Thank you for enquiring about care for your child at Margaret Cribb Child Care Centre.

Demand for our service is very high, and due to this demand we have an extensive waiting list.

I am pleased to provide for you a Waiting List Application form. Our waiting list is maintained according to the guidelines determined by the Commonwealth Government which give priority to children whose parents are in the workforce, -those undergoing training in order to enter the workforce, or those actively seeking work. No guarantee can be given of a place in the Centre at the stated time but every endeavour will be made to accommodate your requests.

It is imperative that you notify our office should there be any changes in the information provided on the form as this could jeopardise your placement. An up to date telephone number is essential.

We are very much a "family centre", with a relaxed, happy environment. Each carer identifies closely with the children in his/her group and takes a particular interest in each child's personal development.

If you require any further information, please do not hesitate to contact me.

Yours Sincerely

Margaret Wade  
Director

# Margaret Cribb Child Care Centre

70 Coleridge Street  
St Lucia Qld 4067

Email: [margaret.cribb@uq.net.au](mailto:margaret.cribb@uq.net.au)

A.B.N. 64 952 613 292

Phone:(07) 3365 1509

Fax:(07) 3365 1501

## WAITING LIST APPLICATION

CHILDS SURNAME: \_\_\_\_\_ CHILD'S GIVEN NAME: \_\_\_\_\_

D.O.B: \_\_\_\_\_ SEX: \_\_\_\_\_

(or expected delivery date)

PARENT 1		
HOME ADDRESS: _____		
TELEPHONE No: (Hm) _____ (Wk) _____ (M) _____		POST CODE: _____
OCCUPATION: _____		EMAIL: _____
PARENT 2:		
<input type="checkbox"/> tick if the following details are the same as parent 1		
HOME ADDRESS: _____		
TELEPHONE No: (Hm) _____ (Wk) _____ (M) _____		POSTCODE: _____
OCCUPATION: _____		EMAIL: _____

MON	TUE	WED	THUR	FRI	Date care required from:
PLEASE CIRCLE DAYS REQUIRED					

Any additional information relating to priority care (eg. Returning to work/study/training)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please charge my credit card as listed below \_\_\_\_\_  
Name/ Signature \_\_\_\_\_ Date \_\_\_\_\_

✂ The portion below will be removed and returned to you with your receipt. These details will not be kept on the premises.  
An administration fee of \$20 (per family) must accompany this application. Payment is accepted by cash, cheque, postal order or credit card (see below)

I hereby authorise Margaret Cribb Child care Centre to debit my credit card \$20.00:

CARD NUMBER: \_\_\_\_\_ Expiry: \_\_/\_\_/\_\_

Name on card: \_\_\_\_\_ Cardholders Signature: \_\_\_\_\_

**Please note:** Completion of this form places your child on our waiting list. It **does not** guarantee an offer of care or constitute enrolment of your child.

Office Use Only	W/L update sent			Returned		
	W/L update sent			Returned		
	W/L update sent			Returned		
	W/L update sent			Returned		