

**TOTOM HOUSE MULTICULTURAL EARLY CHILDHOOD CENTRE  
WAITING LIST**

**PLEASE PRINT**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Enrolling Parent  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Details: Home: \_\_\_\_\_ Work \_\_\_\_\_

Mobile \_\_\_\_\_ Email : \_\_\_\_\_

**Date care required from:** \_\_\_\_\_ **Child's Sex:** MALE / FEMALE

Sibling currently attending? YES/NO Name: \_\_\_\_\_

Care required (please circle) FULL TIME (Mon- Fri) / PART TIME

Part time preferred days:

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

\* Are these days Flexible YES/NO

\* **Flexibility with days is highly recommended**

**Conditions:**

- 1. Applicants MUST contact the centre every 2 months to confirm ongoing interest.**
- 2. Priority is given to siblings of children currently attending this centre.**
- 3. Priority is given to families with a previous enrolment with this centre.**
- 4. If a placement is offered by the centre and declined by the applicant, the date of the decline becomes the new date of application on the waiting list.**
- 5. The Centre cannot guarantee a placement will be offered within a specific time frame and it is recommended you also contact other child care providers.**

**I understand and accept the above conditions.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to Totom House, Cnr Maribyrnong Ave & Georgina St Kaleen 2617  
Fax to 6255 7592, email to [totom@iimetro.com.au](mailto:totom@iimetro.com.au)