



THOMAS CARLYLE CHILDREN'S CENTRE  
**APPLICATION FOR WAITING LIST**

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818 Pacific Highway, Gordon NSW 2072 | Locked Bag 1056, Pymble NSW 2073  
**T** 02 9424 0326 **F** 02 9424 0228 **DX** 8703 Gordon **TTY** 133 677  
**E** tcaryle@kmc.nsw.gov.au **W** www.kmc.nsw.gov.au **ABN** 86 408 856 411

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**All information will be treated as strictly confidential**

Please note: This form is an application to be placed on the waiting list for enrolments. It does not guarantee a place, nor the days and hours requested, as these decisions will be based on Department of Family and Community services priority of access guidelines to be implemented by the Director of the Centre.

TCCC has a two day per week minimum attendance policy for children enrolled.

**Please fill in a separate form for each child.**

1. Child's Name: \_\_\_\_\_

2. Child's Date of Birth \_\_\_\_\_

3. Child's Address \_\_\_\_\_

4. Home Phone Number \_\_\_\_\_

5. Mother's Name \_\_\_\_\_

6. Place of Work \_\_\_\_\_

7. Work Phone Number \_\_\_\_\_

8. Father's Name \_\_\_\_\_

9. Place of Work \_\_\_\_\_

10. Work Phone Number \_\_\_\_\_

11. Days and Hours Care Required

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

12. Date Required to Commence Care \_\_\_\_\_

13. Does the Child Have a Special Need or Disability Yes  No

14. If Yes, please specify \_\_\_\_\_

15. Is the child or his/her parents of Aboriginal or Torres Strait Islander background  
Yes  No

16. 16. Country of Origin: Mother \_\_\_\_\_ Father \_\_\_\_\_

17. Child \_\_\_\_\_

18. Languages Spoken at Home \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return this form to:**

Thomas Carlyle Children's Centre  
2C Carlyle Road,  
East Lindfield, NSW 2070

**Please include payment of \$21 for a non-refundable administration fee.**

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**Office Use Only**

Date Received \_\_\_\_\_

Reference Number \_\_\_\_\_