

Hillbrook Early Learning Centre

WAITING LIST APPLICATION

Child's name: Address:		DOB / /
Parent 1 DOB: / / Mobile: Email:	Parent 2 DOB: / / Mobile: Email:	
Please tick fields that apply to you:		
 ☐ Hillbrook School staff ☐ Hillbrook ELC past enrolment or sibling of part enrolment of Hillbrook School 	ast enrolment \Box H	bling of currently enrolled child lillbrook Grandparent Community member (other)
Requested start date: / / How did you hear about us?		
Please tick days of attendance required: Monday Tuesday We Please give as much information as possible to he E.g. Are you flexible with days requested? Is your start date		,
A completed Hillbrook ELC Waiting List Application form al child/ren on our waiting list. Vacancies at Hillbrook ELC vacancies at	will be filled from this waiting li deposit or credit card. Please ca o elc@hillbrook.qld.edu.au or ha	st in accordance with the Hillbrook ELC all the ELC on 07 3354 6424 to make a
Direct Deposit Details		
Account Name: Hillbrook Foundation Trust	BSB: 084-004 A/c No: 639 025 890	Amount: \$30 Ref: (Child's surname)
Signature:		Date: / /