



# Waiting List Form

Bumper Bears Early Learning Centre  
401 Elizabeth Avenue  
Kippa Ring QLD 4019  
Ph: 3283 7700

## Child Details 1

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Child CRN: \_\_\_\_\_ Male ☐ Female ☐ DOB: \_\_/\_\_/\_\_

## Child Details 2

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Child CRN: \_\_\_\_\_ Male ☐ Female ☐ DOB: \_\_/\_\_/\_\_

## Booking Information

Date would like to start: \_\_\_\_\_

### Days I would like

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

## Parent / Guardian Details (if Secondary Guardian details are the same write "same as Primary Guardian 1")

### Primary Guardian Details

Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Other \_\_\_\_\_

Name \_\_\_\_\_

CRN \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Male ☐ Female ☐ DOB \_\_/\_\_/\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Suburb \_\_\_\_\_

Drivers License \_\_\_\_\_

Relation to Child \_\_\_\_\_

Authorised to Collect the child? ☐ Yes ☐ No

### Secondary Guardian Details

Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Other \_\_\_\_\_

Name \_\_\_\_\_

CRN \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Male ☐ Female ☐ DOB \_\_/\_\_/\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Suburb \_\_\_\_\_

Drivers License \_\_\_\_\_

Relation to Child \_\_\_\_\_

Authorised to Collect the child? ☐ Yes ☐ No