



Childcare & Early Intervention Centre for Children with Autism
PO Box 662
Labrador QLD 4215

Waiting List Application

Childs Name

Date of Birth Male [] Female []

Home Address

.....

(Names of child's siblings aged 3 to 6 likely to attend Little Souls)

Child's Name Date of Birth M [] F []

Child's Name Date of Birth M [] F []

Parent's Name 1

Home Phone Work Phone Mobile

Email Address

Occupation

Parent's Name 2

Home Phone Work Phone Mobile

Email Address

Occupation

Child's Specific Diagnosis

.....

Doctor/Specialist details who gave the diagnosis

..... Date of Diagnosis

Part-time placement [] Full-time placement []

Comments:

.....

.....

.....

.....

How did you find out about Little Souls?

Conditions of Application

Privacy Policy

Little Souls Taking Big Steps Limited is bound by the Principles contained in the Privacy Act (1998). Information provided in this form will be considered confidential and will be used only for the purpose for which it was provided or a directly related secondary purpose.

Little Souls is unable to provide an estimated time that a suitable placement will become available, however, you will be notified immediately as soon as a placement becomes available.

I have read, understood and accept the conditions of my application.

Parent/Guardian
signature.....

Date.....

Receipt for Waiting List Application

Date of
Lodgement.....

Principal/Director
Signature.....

Please inform Little Souls of any changes to your details

[PDF to Word](#)