



Application for Enrolment

Childs Name: _____ Date of Birth: _____

Parent/s name: _____

Address: _____

Contact Numbers: (Hm) _____ (Mob) _____

Email Address: _____

Care required:

Please indicate preference

	Mon	Tues	Weds	Thurs	Fri
Short Day (between 8.30-4)					
Long Day (between 7.30-6)					

IDEAL START DATE: _____

Date of application: _____

Signed: _____

How did you find out about us? (circle all that apply)

Internet search/Facebook/Word mouth/Other _____

For office use only

Date received _____

Update comments _____
