

Application Form:

Please ask the Teaching Team if you need help with any part of this form. The Early Childhood Education Regulations require us to collect this information for each child at our centre.

CHILD'S DETAILS

First Name: Known as:

Middle Name: Last Name:

Gender: Male Female **Date of Birth:**

Residential Address:

Postal Code:

PARENT / GUARDIAN / CAREGIVER DETAILS

First Name:

Last Name:

Title: Mr Mrs Miss Ms (tick one)

Relationship to Child:

Address (if different from above):

Daytime Phone:

Evening Phone:

Mobile Phone:

Email Address:

First Name:

Last Name:

Title: Mr Mrs Miss Ms (tick one)

Relationship to Child:

Address (if different from above):

Daytime Phone:

Evening Phone:

Mobile Phone:

Email Address

PREFERRED INITIAL ENROLMENT TIMES

Please tick () relevant boxes.

	Monday	Tuesday	Wednesday	Thursday	Friday
Full Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signed:

Date:

NB: You will be required to provide your child's birth certificate and immunisation records at time of enrolment.

OFFICE USE ONLY

Date Record of Contact

January 2014