

Enrolment Enquiry

<u>Parent One:</u>	<u>Parent Two:</u>
First Name: _____	_____
Last Name: _____	_____
Home Address: _____	_____
Date of Birth: _____	_____
CRN Numbers: _____	_____
Mobile Phone: _____	_____
Email Address: _____	_____

Child's Information

First Name: _____ Last Name: _____

Date of Birth: _____ Place of Birth: _____ Gender: _____

CRN Numbers: _____ Ethnicity: _____

Language spoken: _____ Religion: _____

Have you attend any child care centre before? If yes, name of the service _____

Special needs: our centre is committed to providing quality child care for all children including those with special needs or medical conditions. If **APPLICABLE** please give details:

Date to start: _____ Date contacted (today): _____

Days/time required

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time:					
Departure Time:					

Priority of access (please tick): The centre must comply with enrolment and access guidelines set by FAO.

1. Age 2. Priority of Access 3. Date of application 4. Current sibling attending 5. Days desired

Sign: _____ **Date:** _____ **Enrollment Deposit:** _____

* The waiting list administration fee is required to become an 'active waiting list'. The fee will be refunded only if the place is not available on the time required.

